

**Government of India
Ministry of Health & Family Welfare
Central Government Health Scheme**

Attention Private Hospitals/Diagnostic Centres

Applications are invited from reputed Private Hospitals and Diagnostic Centres at Delhi/outside Delhi including Ghaziabad/ Gurgaon/ Faridabad & Noida for recognition under Central Government Health Scheme, Ministry of Health & Family Welfare, Government of India.

All hospitals/ Institutions/Dental Care facilities, which already stand recognized under CGHS for treatment, procedures and investigations or had applied against the earlier advertisements on the subject, have to apply fresh.

The application should be submitted in triplicate along with the list of procedure and rates. Two copies of the application should be submitted in hard copy and one in Compact Disk form. The list of procedures/ diagnostic tests can be down loaded from the Website www.mohfw.nic.in, the list on the website is only indicative and is not exhaustive.

The minimum requirements for eligibilities are as follows:

- **Hospitals:** Having 100 beds and more, only to apply for empanelment.
- **Laboratories – Diagnostic & Radio Imaging and Diagnostic centers –** Having X-ray machine of minimum 500 MA, MRI machine minimum of 1 Tesla, CT Scan with less than scan cycle of 1 second, fixed Ultrasound of high resolution, Bone Densitometry (Whole Body Scan).

No inquiry on the subject shall be entertained. Only eligible Hospital/ Diagnostic Centre shall be intimated after selection.

Director CGHS, reserves the right to select or reject any offer received from a Private Hospital/ Diagnostic Centre. All rules and regulations regarding the recognition of Hospitals/ Diagnostic Centres framed by the Ministry of Health & Family Welfare shall be applicable.

The application form along with the CD Disk should be submitted to the Office of Additional Director (HQ) in Delhi/All Additional Director's/ Joint Director's of Central Government Health Scheme cities out side Delhi within 30 days of this advertisements.

Director,
Central Government Health Scheme.

Note: - Tender document would be available in the Ministry's web site at <http://www.mohfw.nic.in>

Regional AD's/JD's may also be contacted for any further clarification.

A downloaded hard copy of the tender documents along with the Bank Draft for **Rs.1000/- (non-refundable)** drawn in favour of **Pay & Accounts Officer CGHS, Delhi** shall be submitted to Additional Directors/Joint Directors CGHS of the respective cities as shown below.

LIST OF ADDL.DIRECTORS/JOINT DIRECTORS OF ALL CGHS CITIES

DR.J.ARJUNAN	079	DR.T.D.DUTTA	0141
Addl.Director, CGHS	6587322(Fax)	Addl.Director, CGHS	2379717(O)
Shalimar Flats,	6587798(O)	Hotel Radha Krishna Premises,	2369278(Fax)
Nr.Embassy Market,	6580185(O)	Opp. Railway Station,	2391838(R)
Ashram Road, AHMEDABAD-380009	7470363(R)	JAIPUR – 302 006.	
		E-mail Address	tddutta@sancharnet.in
DR.N.K.ANAND,	0532		
Addl.Director, CGHS	2560578(O)	DR.(MRS.) SHAKTI BALA PURI	0512
2 nd Floor, Sangam Place,	2561310(Fax)	Addl.Director, CGHS,	2618199(O)
Civil Lines, ALLAHABAD	2602712 (R)	Kendranchal Colony Building	2618144(O)
	2603090 (R)	Gul Mohar Vihar, P.O.Juhi,	2618122(fax)
		KANPUR – 208014	2292364(R)
DR.S.S.SALIMATH	080	E-mail Address	cghs_knp@.knp.nic.in
Addl.Director, CGHS	5539058(O)		
III Floor, 'E' Wing Kendriya Sadan	5599899(Fax)	DR.P.K.MOHANTY	033
Koramangala, BANGALORE – 560 034	3416812(R)	Addl.Director, CGHS	22103921(O)
		4 th Floor, 8-Esplanade East,	22485346 (Fax)
DR.R.C. SAMAL	0674	KOLKATA – 700 069.	23537575 (R)
Joint Director, CGHS	2500127(Fax)(O)	E-mail Address	cghs_Kol.@wb.nic.in
A.G.Colony, Unit-IV.	2506538(R)		
BHUBANESWAR.	9437007911(M)	DR.A.K.AWASTHI	0522
		Addl.Director, CGHS	2211480(O)(Fax)
DR.J.P.SHAKYA	0755	9-A, Rana Pratap Marg,	2508377(O)
Joint Director, CGHS	2768621(O)(Fax)	LUCKNOW.	2421056(R)
Police ITI Building,	2562042(R)		
Jahangirabad, BHOPAL -462 008(M.P.)		DR.K.D.SAINI	95121
		Joint Director, CGHS,	2661017(O)
DR.E.JAYARAMA	044	102, Soti Ganj, Begum Bridge,	2661734(Fax)
Addl.Director, CGHS	24901886(O)	MEERUT.	2620090 (R)
E-2-C, Rajaji Bhawan,	24916955 (Fax)		
Basant Nagar, CHENNAI – 600 090	28223399(R)	DR.B.K.SAINANI	022
E-mail Address	cghs@in.nic.in	Addl.Director, CGHS,	22641354(O)
		2 ND floor, United India Building,	22660249(Fax)
Dr.SUBHAS CHANDER	0172	Sir P.M.Road, Fort,	25206378(R)
Joint Director, CGHS	401888(O)	MUMBAI – 400 001.	25202939(R)
Homeopathy Dispensary Campus	646050(Fax)	E-mail Address	adcghs@bom.nin.in
Sector-34, CHANDIGARH-160022.	557878(R)	Dr.Gohain, CMO	22611769

DR.B.BHATTACHARJEE	0361	DR.T.K.SINHA	0712
Joint Director, CGHS	2457742(O)(Fax)	Addl.Director, CGHS,	2510620(O)(Fax)
Pinaki Peth, 7 th By Lane,	267806 (R)	T.V.Tower Square,	2534723 (R)
Zoo Narangi, Tinali,	268516(R)	Seminary Hills, NAGPUR –	
R.G.Baruah Road, GUWAHATI .		440 006.	
		DR.B.C.NAYAK	0612
DR.P.V.S.RAO	040	Addl.Director, CGHS(Offsg.)	2221819(O)(Fax)
Addl.Director, CGHS,	27902316(O)	54- South of Chhajju Bagh,	2352391(R)
Kendriya Swasthya Bhavan,	27900115(Fax)	Near AIR, Fazar Road,	
Prakashnagar, Near Airport,	27001959(R)	PATNA – 800 001.	
Begumpet, HYDERABAD -500016.		E-mail Address	<u>Adddir-Patna@rediffmail-</u>
E-mail Address	RATNAKAR C @yahoo .		<u>com</u>
DR.P.NEMA	0761	DR.V.P.S.BHATIA	020
Joint Director, CGHS,	2405205(O)	Joint Director, CGHS,	4269461(O) (Fax)
249, Napier Town, Shastri Bridge	2411890(O)(Fax)	Swasthya Sadan, 2 nd Floor,	4262831(O)
Chowk		Mukund Nagar,	5886866(R)
Near UTI Bank, JABALPUR -482	2314402(R)	PUNE – 411037.	cghspune@vsnl.net
001.			
E-mail address	<u>cghs@sancharnet.in</u>		
DR.K.K.SINGH	0651	DR.B.BAISHYA	0364
Joint Director, CGHS,	2480858(O)	Addl.Director, CGHS,	2520652(O)
New A.G.Colony, Post Doranda,	2482623(O)	C/o Regional Director,	2520620(Fax)
RANCHI – 834002	2412517(Fax)(PP)	H&FW,	
		Dhenkheti, Near Shillong	
	2411366(R)	College	
E-mail Address	<u>cghsran@vitalmail.com</u>	SHILLONG – 793003.	
DR. JOYCE MATHEWS	0471	Dr. A.C. Hazarika	011
Joint Director, CGHS,	2449760(O)	Additional Director, CGHS	23017229 (Off)
		(HQ)	
3/45, Kesavadasapuram	2554329(Fax)	527-C, Nirman Bhawan,	23017229 (Fax)
TRIVANDRUM-695004	2554329(R)	NEW DELHI-110001	

Sl.No.....

No.....
Central Government Health Scheme
Nirman Bhavan, New Delhi

Dated, the

From:-

The Director (CGHS)
Room No. 545, A Wing, CGHS
5th Floor, Nirman Bhavan
New Delhi

Dear Sir,

On behalf of the President of India (hereinafter called the purchaser) I am directed to invite your tender for the purpose of recognition of Hospitals/Diagnostic Centres under Central Government Health Scheme.

Eligibility

- (i) For a hospital: It should not have less than 100 beds. It is also expected to have one or more of specialized treatment facilities as well as necessary diagnostic facilities. CT Scan and Blood Bank facilities are desirable. All medicines will be part of the package rate. ICU rates should be mentioned for those with and without ventilator. Details are given in Annexure-I.
- (ii) For a diagnostic Centre: It should have one or more of the investigation facilities such as Cardio-respiratory, nuclear, imaging facilities (MRI, CAT Scan, Ultra sound), pathological tests, etc. Diagnostic centres should indicate the number of CGHS patients attended month-wise over last one year. Details are given in Annexure-II.

The hospitals/diagnostic centres, which already stand recognized under CGHS also need to apply for continuing recognition.

Conditions of Tender

- (i) Tender documents shall be available at the office of the Addl./Joint Director of CGHS in the respective cities. Addresses are given in Annexure -III.
- (ii) Tender document should be submitted in one sealed envelop superscribed as 'Tender for recognition of hospital/diagnostic centre'. Tenders should be submitted at the same office from where the forms have been collected. The last date and time of submission of tenders is 30 days from the date of publication of the advertisement in the Newspapers.

- (iii) Tenders shall be opened at the office of the Addl. Director/Joint Director of the respective city/zone. Every tenderer or his authorized agent can be present at the time of opening of the tenders in respect of that city/zone.
- (iv) The tender is liable to be ignored if the information given on eligibility criteria is not complete.
- (v) As far as possible, all information should be given in the tender. If a particular facility is not available, it should be entered as 'not available'. If for a particular facility, the tenderer does not want to offer rates, it should be mentioned as 'not applicable'.
- (vi) The tender document must be accompanied with the set of necessary substantiating documents as given in Annexure-IV.
- (vii) Every page of tender document needs to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
- (viii) The tenderer is expected to quote package rate for every existing procedure. Package rate is defined as lump sum cost of inpatient treatment/day care or diagnostic procedure for which a patient has been referred by competent authority or CGHS to Hospital or Diagnostic Center. This includes all charges pertaining to a particular treatment/procedure including registration charges, admission charges, accommodation charges, operation charges injection charges/transfusion charges, dressing charges, doctor/consultant visit charges, ICU/CCU charges, monitoring charges, operation charges, anesthesia charges, operation theatre charges, procedural charges/surgeon's fee, cost of disposable surgical charges and cost of medicines and cost of all sundries used during hospitalization, related routine investigations, physiotherapy charges etc. from the time of admission to time of discharge.

The package charge shall not include expenses on diet, telephone, tonics, cosmetics, etc. that are not part of the treatment regimen. Cost of these additional items, if provided, has to be settled with the patient, for which no reimbursement will be admissible.

- (ix) In order to remove the scope of any ambiguity on the point of package rates, it is reiterated that the rate quoted for a particular procedure must be inclusive of all sub-procedures and all related procedures to complete the treatment. As an illustration, it may be noted that, for 'knee replacement' the quoted price shall include the cost of implant, disposables like bandages, anaesthetic drugs, syringes, etc. Similarly, if a case of enlarged prostate is referred for TURP, the procedures such as urethral catheterization, cystoscopy, etc should not be billed separately as they are all part of the procedure. The patient shall not be asked to bear the cost of any such procedure/item.

All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure. For any additional procedure/investigation

outside the package rates and other than the condition for which the patient was referred for would require the permission of the competent authority.

- (x) The package rate should be calculated on the basis of average number of days of stay for a particular procedure by patients admitted during the last three months. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection or the consequences of surgical procedure or due to any improper procedure.
- (xi) The rate being quoted should not be more than what is being charged for same procedure from other (non-CGHS) patients or institutions. An authenticated list of rates being charged from other non CGHS institutions if available, should also be supplied.
- (xii) The quoted price shall not be increased during the validity of agreement.
- (xiii) The normal period of agreement shall be two years unless otherwise prescribed in the Memorandum of Agreement.
- (xiv) The Government reserves the right of accepting the whole or any part of the tender. The tenderer shall not have any right on the basis of the rates quoted in the tender. The rates fixed by the Director, Central Government Health Scheme shall be binding.
- (xv) If an applicant hospital/diagnostic centre does not satisfy the technical specifications provided in Annexures I & II for various procedures, the tender will be liable to be rejected irrespective of the rates. Besides, if an inspection of the facilities of the hospital/diagnostic centre at any time before or after recognition detects any deviation from the facts stated in the tender document, which reduces the facility, it will make the hospital/diagnostic centre ineligible for recognition, or liable for derecognition, if already recognized.

Treatment Requirements:

- (i) In cases of emergency, all necessary treatment must be provided to the patient on production of a valid CGHS Card. The required credit should be provided to the eligible patient. The case should immediately be notified to the CGHS Office of the city/zone. The bills should be submitted for reimbursement to the office of CGHS subject to the approved ceiling rates. The case should be notified to the CGHS Office within one working day. The nature and appropriateness of the “emergency” is subject to verification by CGHS which would be performed on random basis by the nominated authority.
- (ii) In cases of non-emergency, treatment on credit should be provided to the pensioners, Members of Parliament, Freedom Fighters and such other categories of CGHS cardholders as notified by the Government, and bill should be submitted to the office indicated by the pensioner in the CGHS card. For serving employees, the payment will be made by the patient and he will claim reimbursement from his office subject to the approved ceiling rates.
- (iii) In cases of non-emergency, the treatment has to start on the basis of the authorization letter issued by the Chief Medical Officer of the concerned CGHS

dispensary in case of pensioners, and by the administrative department/ministry in case of serving employees.

- (iv) Every patient is required to produce a valid CGHS card.
- (v) CGHS has the right to monitor the line of treatment provided in the recognized private hospital/diagnostic centre.
- (vi) The hospitals are not required to give medicines in the OPD or at the time of discharge of the patient. Medicines so provided shall not be reimbursable.
- (vii) CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay/pension. The entitlement is as follows.
 - (a) Basic pay/pension upto Rs. 7500/- General Ward
 - (b) Basic pay/pension of Rs. 7501-10500/- Semi Private Ward
 - (c) Basic pay/pension of Rs. 10501 & above/- Private Ward

Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a cot for attendant. Semi private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings. General ward is defined as halls that accommodate four to ten patients.

Normally the treatment in higher than entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available.

- (viii) The package rates of indoor treatment should include the following duration
 - (a) 12 days for specialized procedure
 - (b) 7-8 days for other procedures
 - (c) 3 days for laproscopic surgery
 - (d) 1 day for day care/minor procedures (OPD)

Certificate of Undertaking

Every tender document must have a certificate of undertaking signed by the applicant or its authorized agent.

TENDER FORMAT

(Technical and Infrastructure specification of the hospital and diagnostic centers)

Particulars about the hospital/diagnostic centre and physical facilities
(To be filed as per following format)

- 1.1 Name of the hospital/diagnostic centre
- 1.2 Address of the hospital/diagnostic centre
- 1.3 Ownership (specify)
- 1.4 Applied for:
 - 1.4.1 General purpose (Only for emergency)
 - 1.4.2 Specialized purpose
 - 1.4.3 Diagnostic procedures/investigations
- 1.5 Whether the hospital is recognized under any one or more of following
 - 1. Under Central Services (Medical Attendant) Rule Yes/No
 - 2. Under CGHS Yes/No
 - 3. Under State Health Authority/Local Body Yes/No

(IF APPLYING ONLY FOR RECOGNITION OF SPECIALISED DIAGNOSTIC FACILITIES SKIP DOWN TO PARA 1.15 AND REFER TO 1.16)

1.6 Total Number of beds _____

Note i. Private hospitals with 100 or more beds will be considered.
Private hospitals with less than 100 beds will not be considered.

1.7 Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward	_____
ICCU/ICU	_____
Private Deluxe	_____
Private ward with A/C	_____
Private bed without A/C	_____
Semi-Private (2-3 bedded)	_____
General Ward bed (4-8)	_____
(8-16)	_____
Total Area of the hospital	_____
Area allotted to OPD	_____
Area allotted to IPD	_____
Area allotted to Wards	_____

1.8 Specifications of beds with physical facilities/ amenities(Total beds ratio should not be higher than (1:6)

	Dimension of ward length breadth	Number of bed in each category	Sq. Ft. floor area per patient	Furnishing*	Amenities**
General	_____	_____	_____	_____	_____
Semi Private Ward (2 to 4 beds)	_____	_____	_____	_____	_____
Private ward (Single bed with attendant bed)	_____	_____	_____	_____	_____

* Furnishing specify as (a), (b), (c), (d) as per index below

Index (a)	Bedsides table	(b)	Wardrobe
(c)	Dressing table	(d)	Dari/carpet/other floor items

** Amenities specify as (a), (b) (c) (d) as per index below

Index (a)	T.V.	(b)	Stereo music
(c)	Room service for food etc.	(d)	and other amenities

1.9 Nursing Care
 Total No. of Nurses _____
 No. of para-medical staff _____

	Category of bed	Bed/Nurse Ratio (acceptable standard)	Actual bed/nurse ratio
a)	General	6:1	
b)	Semi-Private	4:1	
c)	Private	4:1	
d)	ICU/ICCU	1:1	
e)	High dependency Unit	1:1	

1.10 Alternate power source Yes _____ /No _____

1.11 Bed occupancy rate (Norm 85%) _____ Bed turn over rate _____

General bed _____
 Semi-Private Bed _____
 Private Bed _____

Note: Bed occupancy rate = $\frac{\text{Av daily census} * 100}{\text{Av No. of bed available}}$
 (i.e. number of authorized bed)

Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment}}$
 (No of authorized bed)

1.12 No. of in house Doctors _____
 No. of house Specialists/Consultants _____
 No. of visiting Specialist/Consultants _____
 (Names and qualifications) _____

1.13 Laboratory facilities available - Pathology, Biochemistry, Microbiology or any other (statistics for the last three years)

1.14 Imaging facilities available (statistics for the last three years)

1.15 Supportive services
 Boilers/sterilizers
 Ambulance
 Laundry
 Housekeeping
 Canteen
 Gas plant
 Waste disposal system

- Dietary
- Others (preferably)
 - Blood Bank
 - Pharmacy
 - Physiotherapy
 - No. of Operation Theaters.

1.16 Information required for recognizing diagnostic centres is to be furnished as per criteria laid down in Annexure-II
 Laboratories Pathology, Biochemistry, Microbiology – Annexure-II
 Imaging facilities – Annexure-III

2. ESSENTIAL INFORMATION REGARDING CARDIOLOGICAL INVESTIGATIONS

2.1 Number of angiogram done in last one year _____
 (Minimum qualifying number 1000 in a year)

3. Treatment procedure
 Cardio-Thoracic Surgery- Essential information regarding

3.1 Number of Angioplasty done in last one year _____
 (minimum qualifying number 300 in a year)

3.1.1 Number of open heart surgery done in last one year _____
 (Minimum eligible performance 400 per year)

3.1.2 Number of CABG done in last year _____
 (minimum eligible performance 400 per year)
 (year 2003-2004)

3.1.3 Qualified cardio-thoracic surgeon on
 regular employment of the hospital Yes_____/No_____
 (Names & qualifications) _____

4. RENAL TRANSPLANTATION, HAEMODIALYSIS: ESSENTIAL
 INFORMATION REGARDING-

4.1.1 Whether the hospital has in house Technical expert _____
 (Names & qualifications) _____

4.1.2 Number of Renal Transplantations
 done in one year(2003-2004) _____

4.1.3 Number of years of duration of Haemodialysis unit. _____
 (Refer to Annexure-II for criteria of Haemodialysis)

4.1.4 Whether recognized by M.C.I. _____

4.1.5 No. of dialysis machine in the unit _____
 Whether it has an immunology lab. if so, does it
 exist within the city where the hospital is located _____

4.1.6 Whether it has blood transfusion
 service with facilities for screening
 HIV markers for Hepatitis (B&C), VDRL _____

- 4.1.7 Whether it has a tissue typing unit DTPA/IMSA/DRCG scan facility and the basic radiology facilities _____
5. LITHOTRIPSY/TURP-Essential information reg: -
- 5.1.1 Whether the hospital has expert employee having M.C.I. recognized qualification on regular and visiting basis _____
- 5.1.2 No. of cases treated by lithotripsy in last one year (2003-2004) _____
- 5.1.3 Average number of sitting required per case _____
- 5.1.4 Percentage of cases selected for lithotripsy, which required conventional surgery due to failure of lithotripsy _____
6. LAPAROSCOPIC SURGERY – Essential Information reg:-
- 6.1 No of Laproscopic surgeries i.e. cholecystectomies, Appendicectomies etc. done in last one year -----
- 6.2 Percentage of patients which require conventional surgery due to failure of laparoscopy -----
- 6.3 Refer to annexure-IV criteria of Laparoscopic surgeries.
7. LIVER TRANSPLANTATION- Essential information reg.
- 7.1 Technical expert with experience in liver Transplantation who had assisted in atleast fifty liver transplants. Yes_____/No_____ (Name and qualifications) _____
- 7.2 Month and year since Liver Transplantation is being carried out
- 7.3 No. of liver transplantation done during the last one year
- 7.4 Success rate of Liver Transplant
- 7.5 Facilities of transplant immunology lab.
Tissue typing facilities
Blood Bank
Full radio diagnosis
8. IOL IMPLANT – Essential information reg.
- 8.1 Qualified ophthalmic surgeon with experience In Intraocular lens implant surgery Yes_____/No_____ (Name and qualifications)
- 8.2 Period since IOL is being carried out in the hospital _____
- 8.3 No. of IOL implants done during the last one year (2003-2004) _____
- 8.4 IOL kit of approved standard supplied by hospital _____

9. ORTHOPAEDIC JOINT REPLACEMENT – Essential information reg.
- 9.1 Whether the hospital has aseptic Operation theatre for orthopedic/ Hip and knee joint replacement Yes/No
- 9.2 Whether there is Barrier Nursing for isolation for patient.
- 9.3 Qualification of Orthopaedic surgeon _____
(Name and qualifications)
- 9.4 Whether it has required instrumentation for both hip, knee, joint replacement Yes/No
10. RADIOTHERAPY, Essential information regarding
- 10.1 Whether the Radiotherapist has the qualification of M.D., in Radiotherapy and has worked atleast minimum 3 years Yes/No
(Name & qualifications) _____
- 10.2 Whether the medical physician is trained from (B.A.R.C.) Yes/No
- 10.3 Whether cobalt unit is available Yes/No
- 10.4 Afterloading caseium unit for cervix available Yes/No
- 10.5 Dosimetry apparatus Yes/No
- ❖ All Specialists employed on regular and visiting basis must possess M.C.I. recognized qualification.

CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -

1) Laboratories (Clinical Pathology):

- Space: Minimum 10X12 ft.

Adequate space for collection of samples and dispatch of reports. Waiting space - Minimum for 10 patients.

- Equipment:

Microscope, fully automatic hematology cell counter, incubator, centrifuge machine, fridge (300 liters), Automated Electrophoresis apparatus, Automated Coagulation apparatus, Cytology and histopathology related set up, Needle Destroyer, Trolley for waste disposal with Bags.

- Manpower with Qualification:

MD or DNB Pathology or Diploma in Clinical Pathology (DCP).

Technician - Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.

Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998

- Quality Control:

Internal and external quality control.

- The set up should be able to handle the workload with adequate staff and equipments. Reports should be available at the earliest depending on the test.

- Backup of Generator, UPS, Emergency light

- General requirements for Pathological Diagnostic Centers:

- Minimum workload of 40-50 samples per day (not tests).
- Slides for Histopathology / Cytology should be preserved a reasonable period.
- Records of patients /investigation should be well maintained and updated.
- Charges should be displayed on the notice board.
- Fire Fighting system should be in place wherever it is necessary.

2) Laboratory (Biochemistry):-

- Space for working lab minimum 10X12 ft.

Reception and sample collection should have an area for at least 10 patients to sit.

Laboratory (Preferably air-conditioned)

Washing area/waste disposal.

- Equipment:

Refrigerator, Water-bath, Hot-air oven, Centrifuge machine, Photo-electric calorimeter or Spectrophotometer or semi-auto-analyzer/auto analyzer, Flame Photometer or ISE Analyzer, Micro-pipettes, All related Lab glasswares and reagents, needle destroyer, standard balance etc.

- Manpower with qualification:

MD/Ph. D/M.Sc. in clinical Biochemistry

MD Pathology/Diploma in Clinical Pathology

Technician with DMLT.

- Provision for waste management as per the Biomedical waste Act., 1998:

- Quality Control:

Should be Internal as well as External

- Backup of Generator, UPS, Emergency light, 24 hours supply of water, provision for toilet.

Additional requirements for Laboratory for Hospitals/ Nursing Homes:-

- In addition to the criteria written above the following additional equipment will be required

Blood Gas analyzer, Elisa Reader, HPLC and Electrophoresis app.,

3) Laboratory (Microbiology):

- Minimum Space required is 10X12 ft.

Receiving samples & labeling, sorting, registration, minimum waiting space for 10 patients and dispatch area.

Media room (autoclave, hot air oven, pouring hood) Area required minimum 6X4 ft.

Processing of samples – staining, cultures etc.

- Equipment:

Non-expendable – Autoclave, Hot Air oven, water bath, incubator, centrifuge, microscopes, vortex, ELISA reader.

Expendable – Chemicals, media, glassware, stationery etc.

- Manpower with qualification:

Doctor (MD in Microbiology)/M. Sc. in Medical Microbiology
Technician - DMLT

- Provision for waste management as per the Biomedical waste Act., 1998.

- Quality control:

Internal

External tie up with higher institutions.

Backup of Generator, UPS, Emergency light.

ANNEXURE-II (contd)

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER:

Criteria for MRI Center:

- MRI machine minimum 1.0 to 1.5 TESLA
- Adequate space & patient waiting area.
- Qualified Radiologist - with minimum 3 years post degree experience
- Technicians - full time, holding degree/diploma (2 years) from recognized institutions.
- Equipment for resuscitation of patient should be MRI compatible.
- Facilities for computer printer reports.
- Backup of Generator, UPS, Emergency light
- MRI room should be easily approachable
- Automatic Film Processor Unit.
- Adequate workload – minimum 100 MRI per month.

Criteria for of CT Scan Center:

- Whole body CT Scan with scan cycle of less than 1 second (sub second).
- Housed in building as per AERB guidelines.
- Sufficient workable space.
- Waiting area separate from the radiation area. Provision for changing room.
- Provision of Radiation protective devices like Screen, Lead Apron, Thyroid & Gonads protective shield.
- Equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium.
- Provision for sterilized instrument, disposable syringes & needles, catheter etc.
- Provision for washed clean linens.
- Qualified Radiologist - having post degree experience of 3 years.
- Qualified Radiographer - holding diploma (2 years)/degree in Radiography from recognized Institution.
- Provision of nursing staff/female attendant for lady patient.
- Provision for radiation monitoring of all technical staff & doctor through DRP/BARC. Coverage by Anesthetic during procedures involving contrast media.
- Disposal of waste.
- Backup of Generator, UPS, emergency light.
- Center should be easily approachable.
- Workload 150 per month.
- Installation should be approved by AERB.

Criteria for Mammography Center :-

- Standard quality mammography machine with low radiations and biopsy attachment.
- Automatic/Manual film processor.
- Provision for hard copy & computer print out reports.

- Adequate working space. Provision for changing room. Privacy for patients.
- Female Radiographer/attendant.
- Clean linen.
- Backup of Generator, UPS, Emergency light.
- Center should be easily approachable
- Workload minimum 100 per month.

Criteria for USG/Colour Doppler Center: -

- Registration under the PNDT Act and its status of implementation.
- Machine should be permanently housed in the Diagnostic Center. It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, liner probes of frequency ranging from 3.5 to 10 MHz and should also have provision/facilities of Trans Vaginal/Trans Rectal Probes.
- Should have minimum three probes.
- Facilities for print out & hard copies of the image.
- Qualified Radiologist, having experience of three year after Post Graduate qualification,
- Full time Nurse/Female attendant for female patients.
- Size of the room should be adequate 12'X10', adequately ventilated.
- Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure.
- Anesthetics coverage during such procedures.
- Availability of clean linens & disposable consumable & sterilized instruments.
- Backup of Generator, UPS, emergency light.
- Center should be easily approachable.
- Workload 250 per month.

Criteria for Diagnostic X-ray Center/Dental X-Ray/OPG Centre:

- X-ray machine should be of minimum 500 MA with the Image intensifier TV system.
- The Portable X-ray machine should be minimum of 60 MA. The dental X-ray will be of 6 MA and OPG 4.5 to 10 MA.
- Automatic film processor.
- Building plan as per the guidelines of BARC Deptt of Radiation protection. Approval should be taken from BARC for building plan and the certificate should be on the board.
- Separate room for portable X-ray machine, equipment, dark room.
- Patient trolley should be able to go to equipment room.
- Boyles trolley should be in X-ray room.
- Room size approximately 14X14 feet for housing the X-ray machine & dark room size 8X8 feet waiting area, separate from the radiation area.
- X-ray tube should not be facing the inhabited area.
- Provision for changing room.
- Provision of Radiation Protective devices like screen, lead apron. Thyroid & gonads protective shields. Equipment for resuscitation of patients like Boyle trolley, suction machines, emergency drugs, to combat any allergic reactions.

- Manpower: - Post Graduate qualification of Radiology from Recognized University, Qualified Radiographer, holding diploma/degree in radiography from recognized institution. Provision of nursing staff for lady patients.
- Provision for Radiation monitoring of the technical staff & doctor through DRP/BARC.
- Anesthetics Coverage during procedures involving IV contrast media use.
- Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc.
- Washed clean linen should be provided
- Disposal of waste.
- Backup of Generator, UPS, Emergency light.
- Centers should to be easily approachable.
- Workload 350 per month.

Criteria for Bone Densitometry Center :

- Bone densitometry equipment ultrasound/x-ray based with color printer.
- Room size 14'X14 feet.
- Separate waiting area.
- Qualified Radiologist with at least 3 years experience after postgraduate qualification.
- Qualified Radiographer from recognized institution.
- Radiation safety measures.
- Disposal of waste.
- Backup of Generator, UPS, Emergency light.
- Center should be easily approachable.
- Workload 50 per month.
- Quotation should be separately given for Dexa Scan/ Ultrasound.
- Desirable: Capable of performing 1 -3 sides and whole body.

Criteria for Dialysis:

- The center should have good dialysis unit neat, clean and hygienic like a minor OT.
- Centre should have at least four good haemodialysis machines with facility of giving bicarbonate haemodialysis.
- Centre should have water-purifying unit equipped with reverse osmosis.
- Unit should be regularly fumigated and they should perform regular antiseptic precautions.
- Centre should have facility for providing dialysis in Sero positive case.
- Centre should have trained dialysis Technician and Sisters and full time Nephrologist and Resident Doctors available to combat the complications during the dialysis.
- Centre should conduct at least 150 dialyses per month and each session of haemodialysis should at least 4 hours.
- Facility should be available 24 hours a day.

Criteria for Laproscopic Surgery:

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned. He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The hospital should carry out at least 225 laproscopic surgeries per year.
- The hospital should have at least one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic surgery.

CERTIFICATE UNDERTAKINGS TO BE ATTACHED BY AUTHORISED HEAD OF THE INSTITUTION:

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That the price quoted is not higher than the rate charged from non-CGHS patients.
3. **That the price has only been quoted against a facility/procedure actually available at the institution.**
4. That if any information is found to be untrue, the hospital will be liable for de-recognition by Govt.. The institution will be liable to pay compensation for any financial loss caused to CGHS or physical injuries caused to its beneficiaries.
5. That the rate quoted is valid for two years from the date of signing of MOU.
6. That in the event of recognition of the hospital, it will provide all disposable sundries and implants of standard quality and will not get them purchased through CGHS beneficiaries.
7. The hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence or due to transfusion of improperly checked blood, if such injuries occurred in consequences of treatment in the hospital/ diagnostic center.

Yours faithfully,

APPLICANT OR AUTHORIZED AGENT

Annexure-IV

The following are the minimum documents that are to be submitted along with the request for tender documents.

- (a) Copy of certificate or memo of State Health authority recognizing the hospital.
- (b) Certified copy of audited balance sheet, profit and loss account for the last three years (.....)
- (c) Certified copy of partnership deed and authorization letter of signatory.
- (d) Copy of the license for running blood bank/diagnostic lab.
- (e) Copy of import exemption certificate and the conditionalities under which import exemption accorded.
- (f) Sales tax exemption certificate.
- (g) Latest Income Tax clearance certificate (duly countersigned by the I.T.O. of the circle concerned under the seal of his office)
- (h) Name and address of their bankers.
- (i) The selected hospital/diagnostic center has to deposit security deposit at the time of signing of MOU.

Note: Tenders not containing the above particulars are liable to be ignored.

List of Treatment Procedures/Investigations

S. No.	Name of the Treatment Procedure/ Investigation	
1.	OUT PATIENT	
1.1.1	First Visit	.....
1.1.2	Revisit or each subsequent visit	.....
1.2	Private if any	
1.2.1	First Visit	.....
1.2.2	Revisit or each subsequent visit.	
1.3	By Medical Officers/Resident Doctors	
1.3.1.	First Visit	.....
1.3.2	Revisit or each subsequent visit	.....
1.4	By Specialists	
1.4.1	First Visit..	
1.4.2	Revisit or each subsequent visit	.....
1.5	Out patient procedure	
1.5.1	Injections - SC	.....
	IM	.....
	IV	.....
	(Chemotherapy) IV	.....
1.5.2	Dressings Small	.....
	Medium	.....
	Large	.....
1.5.3	Suturing without local anesthesia	.....
	Suturing with local anesthesia	.....
1.5.4	Removal of	
1.5.4.1	Foreign body	.....
1.5.4.2	Cyst	.....
1.5.4.3	Benign Tumor	.....
1.5.5	Aspiration	
1.5.5.1	Plural Effusion	
1.5.5.1.1	Diagnostic..	
1.5.5.1.2	Therapeutic..	
1.5.5.2	Abdominal	
1.5.5.2.1	Diagnostic	.....
1.5.5.2.2	Therapeutic	.....
1.5.5.3	Pericardial	.....
1.5.5.4	Bone Marrow	.....
1.5.5.5	Joints	.....
1.6	Biopsy	
1.6.1	Skin except Harsens	.....
1.6.2	Lymph node	.....
1.6.3	Liver	.....
1.7	Strapping	.....
1.8	Removal of Stitches	.....
1.9	Venesection	.....
1.10	Phimosis Under LA	.....

S. No.	Name of the Treatment Procedure/ Investigation	
1.11	Lumber puncture	.....
1.12	Sternal puncture	.....
1.13	Injection for	
1.13.1	Hemorrhoids	.....
1.13.2	Varicose Veins	.....
1.14	Catheterization..	
1.15	Dilatation of Urethra.	
1.16	Incision & Drainage.	
1.17	Intercostal Drainage	.....
1.18	Lung function test	.....
1.19	E.C.G.	.....
1.20	E.E.G.	.....
1.21	Incubation (per day)	.....
1.22	Stress test	.....
1.23	Peritoneal dialysis	.....
2.	SKIN	
2.1	Skin Biopsy	.....
2.2	Excision	
2.2.1	Moles	.....
2.2.2	Warts	.....
2.2.3	Sela cysts	.....
2.2.4	Molluscum contageosum	.....
2.2.5	Veneral Warts	.....
2.2.6	Corns	.....
2.2.7	I/D Injection Keloid of Acne	.....
2.2.8	Chemical Cautery (per sittings)	.....
3.	E.N.T.	
3.1	Pure Tone Audiogram	.....
3.2	Impedence & other tests	.....
3.3	SISI, Tone Decay & Difference times	.....
3.4	Multiple hearing assessment test to Adults.....	
3.5	Hearing Aid Selection	.....
3.6	Hearing Aid Analysis	.....
3.7	Speech Discrimination Score	.....
3.8	Speech Assessment	.....
3.9	Speech therapy per session of 30-40 minutes.....	
3.10	Cold Calorie Test for Vestibular function	
3.11	Removal of foreign body	
3.11.1	From Nose	.....
3.11.2	From Ear	.....
3.12	Repair ear lobe	.....
3.13	Syringing	.....
3.14	Polyp removal under LA	.....
3.15	Peritonsillar abscess drainage under LA	
3.16	EAR	
3.16.1	Ear lobule stitching	.....

S. No.	Name of the Treatment Procedure/ Investigation	
3.16.2	Ear Piercing	.....
3.16.3	Myringoplasty	.....
3.16.4	Stapedectomy	.....
3.16.5	Myringotomy	.....
3.16.6	Grommet Insertion	.....
3.16.7	Tympanotomy	.....
3.16.8	Paracentesis	.....
3.16.9	Tympanoplasty	.....
3.16.10	Mastoidectomy	.....
3.16.11	Pinna Excision	.....
3.16.12	Otoplasty	.....
3.16.13	Labyrinthectomy	.....
3.16.14	Skull Base surgery	.....
3.16.15	Facial N Decompression	.....
3.17	NOSE	
3.17.1	Septoplasty	.....
3.17.2	Submucous Resection	.....
3.17.3	Septo-rhinoplasty	.....
3.17.4	Rhinoplasty	.....
3.17.5	Fracture Reduction	.....
3.17.6	Intra Nasal Diathermy	.....
3.17.7	Turbineotomy	.....
3.17.8	Endoscopic DCR	.....
3.17.9	Endoscopic Surgery	.....
3.17.10	Septal Perf. Repair	.....
3.17.11	Antrum Puncture	.....
3.17.12	Lateral Rhinotomy	.....
3.17.13	Cranio-facial resection	.....
3.17.14	Maxillectomy	.....
3.17.15	Ethmoidectomy	.....
3.17.16	Caldwell Luc Surgery	.....
3.17.17	Angiofibroma Excision	....
3.17.18	Endoscopic Hypophysectomy	...
3.17.19	Endoscopic Optic Nerve	...
3.17.20	Decompression	...
3.18	THROAT	
3.18.1	Ranula Excision	...
3.18.2	Cyst Excision	...
3.18.3	Tongue Tie excision	...
3.18.4	Sub Mand Duct Lithotomy	...
3.18.5	Adenoidectomy	...
3.18.6	Palatopharyngoplasty	...
3.18.7	Cleft Palate repair	...
3.18.8	Pharyngoplasty	...
3.18.9	Styloidectomy	...

S. No.	Name of the Treatment Procedure/ Investigation	
4.	EYE	
4.1	Cauterisation of ulcer/subconjunctival injection	
4.1.1	One eye	...
4.1.2	Both eyes	...
4.2	Retrobulbar Injection	
4.2.1	One Eye	...
4.2.2	Both Eyes	...
4.2	Syringing of Lacrimal Sac	
4.3.1	For oen eye	...
4.3.2	For both eyes	...
4.4	Paracentesis	...
4.5	Foreign body removal	...
4.6	Refraction/Fundoscopy	...
4.7	Ortho-optic check up	...
4.8	Ortho-optic exercises	...
4.9	Pleptopic Exercises	...
4.10	Perimetry/field test	...
4.11	Chalazion operation	
4.11.1	One Eye	...
4.11.2	Both Eyes	...
4.11.3	Dressing	...
4.12	Clinical Photography	...
4.13	Pterygium	...
4.14	Orbitotomy	...
4.15	Ptosis	...
4.16	Ectropion	...
4.17	Xenon Arc Laser	...
4.18	D C R	...
4.19	ECCE/ICCE	...
4.20	Epicantuhus	...
4.21	DCY	...
4.22	Squint Correction	...
4.23	Keratoplasty	...
4.24	Trabeculectomy	...
4.25	Trabeculectomy	...
4.26	Iridectomy	...
4.27	Goniotomy	...
4.28	Scalalar Bukling (Retinal Detachment Surgery)	...
4.29	Electrooculogram	----
4.30	ERG	...
4.31	Flouresein Angioraphy	...
4.32	A-Scan	...
4.33	Tono Graphy	...
4.34	VER	...
4.35	Goldmen Perimetry	...
4.36	Specular microsopy	----

S. No.	Name of the Treatment Procedure/ Investigation	
4.37	Syringing & Probing	...
4.38	Vitrectomy	...
4.39	Enucleation	...
4.40	Eviseration	...
4.41	Entropion	...
4.42	Fluroseince	...
4.43	Irdo cynagreen	...
4.44	Angiography of Retina	...
4.45	IRIS	...
4.46	Automated Perimetry	...
4.47	Orbital	...
4.48	MRI	...
4.49	C.T. Scan	...
4.50	Corneal endothelial cell count	...
4.51	Corneal topography	...
4.52	Corneal pachymetry	...
4.53	Retinal nerve film analyzer studies	...
4.54	Auto Refractometry	...
4.55	Biometry	...
4.56	Ultrasound studies	...
4.57	A Scan	...
4.58	B Scan	...
4.59	Retinal/Meter function studies	...
4.60	VER	...
4.61	PAN ACUITY METER	...
4.62	Laser inter ferometry	...
4.63	EKG, EOG	...
4.64	Dacryocystography (DGC)	...
4.65	Orbital Angio studies	...
4.66	Cateract with IOL	...
5.	ORTHOPAEDIC AND PLASTER WORK	
5.1	Fingers (post, slab)	...
5.2	Fingers full plaster	...
5.3	Colles fracture	
5.3.1	Below elbow	...
5.3.2	Full plaster	...
5.4	Colles fracture Ant. Or post slab	...
5.5	Above elbow full plaster	...
5.6	Above post-slab	...
5.7	Below knee full plaster	...
5.8	Below post-slab	...
5.9	Tube Plaster (or plaster cylinder)	...
5.10	Above knee full plaster	...
5.11	Above full slab	...
5.12	Minerva Jacket	...
5.13	Plaster Jacket	...

S. No.	Name of the Treatment Procedure/ Investigation	
5.14	Shoulder spika	...
5.15	Single hip spika	...
5.16	Double hip spika	...
5.17	STRAPPING	
5.17.1	Finger	...
5.17.2	Toes	...
5.17.3	Wrist	...
5.17.4	Elbow	...
5.17.5	Knee	...
5.17.6	Ankle	...
5.17.7	Chest	...
5.17.8	Shoulder	...
5.17.9	Nasal bone fracture	...
5.17.10	Figure of 8 bandage	...
5.17.11	Collar and cuff sling	...
5.17.12	Ball bandage	...
6.	PHYSIOTHERAPY	
6.1	Electro therapy	
6.1.1	Ultrasonic therapy	...
6.1.2	S.W. Diathermy	...
6.1.3	Electrical stimulation (therapeutic)	...
6.1.4	Muscle testing and diagnostic	...
6.1.5	Infra red	...
6.1.6	U.V. Therapeutic does	...
6.1.7	Electric vibrator	...
6.1.8	Vibrator belt massage	...
6.2	Electric/Mechanical Traction	
6.2.1	Intra Lumbar Traction	...
6.2.2	Intermittent Cervical traction	...
6.2.3	Combined Lumbar & Cervical	...
6.3	Hydrotherapy	
6.3.1	Wax bath	...
6.3.2	Hot pack	...
6.3.3	Whirl pool bath	...
6.4	Miscellaneous	
6.4.1	Obesity Exercises	...
6.4.2	Breathing Exercises & Postural Drainage	...
6.4.3	Cerebral Palsy – Massage	...
6.4.4	Post – polio exercise	...
7.	DENTAL	
7.1	Extraction of tooth including LA	...
7.2	Complicated Ext. per Tooth including LA	...
7.3	Flap Operation per Tooth	...
7.4	Gingivectomy per tooth	...
7.5	Cyst under LA (small)	...
7.5.1	Cyst under LA (large)	...

S. No.	Name of the Treatment Procedure/ Investigation	
7.6	Apiscectomy including LA	...
7.7	Fracture wiring including LA	...
7.8	Intra oral X-ray	...
8.	OTHERS	
8.1	Upper G.I. Endoscopy	...
8.2	Upper G.I. with Biopsy	...
8.3	Esophageal sclerotherapy for varices	
8.3.1	First sitting	...
8.3.2	Subsequent sitting	...
8.4	Sigmoidoscopy (rigid)	...
8.4.1	Sigmoidoscopy (flexible)	...
8.5	Oesophagoscopy	...
8.6	Colonoscopy	...
8.7	Fibroptic bronchoscopy	...
9.	X-RAY	
9.1	Fluroscopy chest	...
9.2	Dental	...
9.3	Occlusal	...
9.4	Abdomen AP or Erect (one film)	...
9.5	Abdomen Lateral view (one film)	...
9.6	Abdomen for Pregnancy	...
9.7	Chest PA view (one film)	...
9.8	Chest Oblique or Lateral (One film)	...
9.9	Mastoids	...
9.10	Extremities, bones & Joints (one film)	...
9.11	Pelvis (One film)	...
9.12	Paranasal sinuses (One film)	...
9.13	T.M. Joints (One film)	...
9.14	Abdomen & pelvis for K.U.B.	...
9.15	Skull A.P. & Lateral	...
9.16	Spine A.P. & Lateral	...
9.17	Barium Swallow	...
9.18	Sinography/ Sialography	...
9.19	Cystography/ Unrethrography	...
9.20	Hysto-Salpaingography	...
9.21	Arthrography	...
9.22	Retrograde Pyelography	...
9.23	Oral or I.V. Cholecystography	...
9.24	Barium Enema	...
9.25	Barium Meal Upper or Lower	...
9.26	Bronchography	...
9.27	I.V. Urography	...
9.28	Myelography	...
9.29	Pneumo Encephalography	...
9.30	Barium meal Complete	...
9.31	Cerebral/Gemoral Angiography	...

S. No.	Name of the Treatment Procedure/ Investigation	
10.	ULTRASOUND INVESTIGATIONS	
10.1	Obstetric	
10.1.1	First Scan	...
10.1.2	Follow up (2nd visit)	...
10.1	Upper abdomen	
10.2.1	First Scan	...
10.2.2	Follow up (2nd visit)	...
10.2	OTHERS	
10.3.1	Quick look check-up for IUCD & Infants	...
10.3.2	Total Abdominal survey or Multiple study	...
10.3.3	Special procedures & Aspiration etc.	...
10.3.4	Image Intensifiers	...
10.3.5	Stress test (treadmill)	...
11.	CLINICAL PATHOLOGY	
11.1	Urine routine	...
11.2	Quantitative Albumin/Sugar	...
11.3	Urine Bile Pigment and Salt	...
11.4	Urine Urobilinogen	...
11.5	Urine Ketones	...
11.6	Urine Occult Blood	...
11.7	Urine total proteins	...
11.8	Urine Sodium	...
11.9	Urine Chloride	...
11.10	Bence Jones protein	....
11.11	Stool routine	...
11.12	Stool occult blood	...
11.13	Post coital smear examination	...
11.14	Smear analysis	...
11.15	Body fluids – C.S.F/Ascitic etc.	...
11.15.1	Chemistry, Sugar, Protein etc.	...
11.15.2	Malignant cells	...
12.	HAEMATOLOGY	
12.1	Haemoglobin (Hb)	...
12.2	Total Leucocytic Count (TLC)	...
12.3	Differential Leucocytic Count (DLC)	...
12.4	E.S.R.	...
12.5	Total Red Cell count	..
12.6	Platelet count	..
12.7	Reticulocyte count	...
12.8	Absolute Eosinophil count	...
12.9	Packed Cell Volume (PCV)	...
12.10	Haemoglobin, total & Differential Leucocyte count (Hb, TLC, DLC)	
12.11	Peripheral Smear Examination	...
12.12	Smear for Malaria parasite	...
12.13	Bleeding & Clotting Time	...
12.14	Clot Retraction Time	...
12.15	R.B.C. Fragility Test	...

S. No.	Name of the Treatment Procedure/ Investigation	
12.16	L.E. Cell	...
12.17	Foetal Haemoglobin (Hb-F)	...
12.18	Prothrombin Time (P.T.)	...
12.19	Hb, TLC, DLC, ESR	...
12.20	Haemogram	...
12.21	Bone Marrow Smear Examination	...
12.22	Partial Thromboplastin	...
12.23	Glucose Phosphate Dehydrogenase (G, 6PD)...	...
13.	BLOOD BANK	
13.1	Blood Group & RHO Type	...
13.2	Cross match	...
13.3	Packed cell preparation	...
13.4	Coomb's Test	
13.4.1	Direct	...
13.4.2	Indirect	...
13.5	Australia Antigen	...
13.6	RHO, Antibody titer	...
13.7	Blood Bank bag and solution	
14.	BIO-CHEMISTRY	
14.1	Glucose	...
14.2	Blood Urea Nitrogen	...
14.3	Serum Creatinine	...
14.4	Serum Uric Acid	...
14.5	Serum Bilirubin total & direct	...
14.6	Serum Iron	...
14.7	Serum Cholesterol	...
14.8	Total Iron Binding Capacity	...
14.9	Glucose (Fasting & PP)	...
14.10	Serum Calcium	...
14.11	Serum Phosphorus	...
14.12	Total Protein Alb/Glo Ratio	...
14.13	S.G.P.T.	...
14.14	S.G.O.T.	...
14.15	Serum amylase	...
14.16	Serum Electrolyte	...
14.17	Triglyceride	...
14.18	Glucose Tolerance Test (GTT)	...
14.19	C.P.K.	...
14.20	L.D.H.	...
14.21	L.D.-1	...
14.22	LDH &LD-1	...
14.23	Alkaline Phosphatase	...
14.24	Acid Phosphatase	...
14.25	CK MB	...
14.26	T3 T4 TSH	...
14.27	HDL Cholestrol	...
14.28	L.H.	...

S. No.	Name of the Treatment Procedure/ Investigation	
14.29	FSH	...
14.30	Prolactin	...
15.	HISTOPATHOLOGY	
15.1	Pap Smear	...
15.2	Smear for Malignant cells	...
15.3	Hostopath	...
15.4	Frozen section & Paraffin section	...
15.5	Blood gas analysis	...
15.6	Blood gas analysis with electrotypes	...
15.7	Vaginal Cytology for Hormonal evaluation	...
16.	BACTRIOLOGY & SEROLOGY	
16.1	Smear gram-strain examination	...
16.2	Sputum smear A.F.B. stain	...
16.3	Vaginal Smear Examination	...
16.4	V.D.R.L.	...
16.5	Widal test	...
16.6	R.A. test	...
16.7	Culture & Sensitivity (other specimens)	...
16.8	Urine pregnancy test	...
16.9	C.R.P.	...
16.10	ASO Titer	...
16.11	Quantitative H.C.G.	...
16.12	Blood culture & sensitivity	...
16.13	Vibro cholera culture	...
17.	ICU/CCU CHARGES (Special Care Cases)	
17.1	Coronary Care with Cardiac Monitoring including ECG & Diet	...
17.2	Respirator & Compressed air	...
17.3	Respirator with Piped Oxygen	...
17.4	Internal Pace-maker	...
17.5	Post operative care (ICU) with Diet	...
17.6	Child care in children	...
17.7	Paediatric care for New born (7 to 12 days)	...
17.8	General Nursery Care	..
17.9	Incubator charges (Per day)	...
17.10	Intensive care in Nursery (Per day)	...
17.11	Phototherapy	...
17.12	Resuscitation	...
17.13	Resuscitation with Incubator attended by Specialist	...
17.14	Exchange Transfusion	...
17.15	O.T. Charges for Exchange transfusion	...
17.16	Pneupack ventilator in Nursery (Per day)	...

S. No.	Name of the Treatment Procedure/ Investigation	
18.	OXYGEN CHARGES	
18.1	Operation theatre (including supply of Nitrous Oxide)	...
18.2	Casualty ICU	...
18.3	General Ward	...
18.4	Semi-private wards	...
19.	BURN DRESSING	
19.1	15% to 30% 1st Dressing	...
19.2	Subsequent Dressing	..
19.3	30% to 50% 1st Dressing	..
19.4	Subsequent Dressing	...
19.5	Extensive Burn above 50%	...
19.6	Subsequent dressing	...
20.	OBSTETRIC CASES	
20.1	Normal delivery or with Episiotomy & P. repair	...
20.2	Low Forceps	...
20.3	Low midcavity forceps	...
20.4	Cesarean Section	...
20.5	Cesarean Hysterectomy	...
20.6	Rupture Uterus, closure & repair with Tubal Ligation	...
20.7	Perforation of Uterus after D/E Laparotomy & Closure	...
20.8	Laparotomy for Ectopic Rupture	...
20.9	Laparotomy-peritonitis Lavage and Drainage	...
20.10	Laparotomy-failed laparoscopy to explore	...
20.11	Salphingectomy	...
20.12	Salphingo-oophrectomy	...
20.13	Ovarean Cystectomy	...
20.14	Oopherctomy	...
20.15	Broad Ligment Haematoma Drainage	...
20.16	Exploration of perineal Haematoma & Resuturing of Episiotor	...
20.17	Exploration of abdominal Haematoma (after laparotomy + LUCS)	...
20.18	Internal podalic version and extraction	...
20.19	Manual Removal of Placenta	...
20.20	3rd stage Complication MRP for outside delivery etc.	....
20.21	Examination under anaesthesia	...
20.22	Burst-abdomen Repair	...
20.23	Gaping Pareneal Wound Secondary Suturing	...

S. No.	Name of the Treatment Procedure/ Investigation	
20.24	Gaping abdominal wound Secondary Suturing	...
20.25	Complete perineal tear-repair	...
20.26	Exploration of PPH-tear repair	...
20.27	Destructive Operation	...
20.28	Suction evacuation vesicular mole, Missed abortion D/E	...
20.29	Colpotomy-drainage P/V needling EUA	...
20.30	Repair of post-coital tear, perineal injury	...
20.31	Excision of urethral caruncle	...
20.32	Laparoscopy	...
20.33	Shirodhkar, Mc. Donalds stich	..
20.34	Abortion	...
21.	GENERAL SURGERY	
21.1	Drainage of Abscess	...
21.2	Dressing under G.A.	..
21.3	Aspiration of cold Abscess of Lymphnode	..
21.4	Aspiration of Empyema	...
21.5	Aspiration of Liver Abscess	...
21.6	Open Drainage of Liver Abscess	..
21.7	Drainage of Pelvic Abscess	...
21.8	Drainage of Ischiorectal Abscess	...
21.9	Drainage of Subdiaphragmatic Abscess	...
21.10	Open Drainage of Perinepheric Abscess	...
21.11	Drainage of Perigastric Abscess	...
21.12	Drainage of Perotid Abscess	...
21.13	Drainage of peritonsillar Abscess	...
21.14	Drainage of Retropharyngeal Abscess	...
21.15	Open Drainage of Psoas Abscess	...
21.16	Open Drainage of Perivertebral Abscess	...
	INJURY OF SUPERFICIAL SOFT TISSUES	
21.17	Suturing of small wounds	...
21.18	Secondary suture of wounds	...
21.19	Delayed primary suture	..
21.20	Debridement of wounds	...
	REMOVAL OF FOREIGN BODIES	
21.21	Removal of F.B. Superficial	..
21.22	Removal of F.B. Deep	...
	BIOPSIES	
21.23	Cervical Lymph Node	...
21.24	Auxillary Lymph Node	...
21.25	Inguinal Lymph Node	...
21.26	Excision/Biopsy of Large Lymph Nodes	...
21.27	Excision Biopsy of Ulcers	...

S. No.	Name of the Treatment Procedure/ Investigation	
21.28	Excision Biopsy of Superficial Lumps	....
21.29	Incision Biopsy of Growths/Ulcers	...
21.30	Trucut Needle Biopsy	..
21.31	Percutaneous Liver Biopsy	...
21.32	Percutaneous Kidney Biopsy	...
21.33	Spleen Aspiration	...
21.34	Marrow Aspiration (Needle)	...
21.35	Marrow Biopsy (Open)	...
21.36	Muscle Biopsy	...
21.37	Scalene Node Biopsy	...
	EXCISION OF CYST/SMALL TUMOURS	
21.38	Excision of Sebaceous Cysts	...
21.39	Excision of Superficial Lipoma	....
21.40	Excision of Superficial Neurofibroma	...
21.41	Excision of Dermoid Cysts	...
21.42	Excision of Ganglion	...
21.43	Haemorrhoids	...
21.44	Keloids	...
21.45	Superficial Varicosity	...
22.	HEAD & NECK	
22.1	Ear Lobe Repair one side	...
22.2	Excision of Pinna for Growth (Squamous/Basal) Injuries	
22.2.1	Skin Only	...
22.2.2	Skin and Cartilage	...
22.2.3	Partial Amputation	...
22.2.4	total Amputation	...
22.2.5	Total Amputation & Excision of External Auditory Meatus	...
22.3	Excision of Cystic Hygroma	
22.3.1	Minor	...
22.3.2	Major	...
22.3.3	Extensive	...
22.4	Excision of Branchial Cyst	...
22.5	Excision of Branchial Sinus	...
22.6	Excision of Pharyngeal Diverticulum	...
22.7	Excision of Carotid Body-Tumours	...
22.8	Operation for Cervical Rib	...
22.9	Scalene Node Biopsy	...
22.10	Block Dissection of Cervical Lymph Nodes	...
22.11	Pharyngectomy & Reconstruction	...
22.12	Operation for Carcinoma Lip	...
22.12.1	Wedge-Excision	...
22.12.2	Vermilionectomy	...
22.12.3	Wedge Excision and Vermilionectomy	...
22.14.4	Hstiaanders Operation	...
22.12.5	Abbe Operation	...

S. No.	Name of the Treatment Procedure/ Investigation	
22.12.6	Check Advancement	...
22.12.7	Subcutaneous Pedicle Flap	...
22.13	Excision of the Maxilla	...
22.14	Excision of the Mandible	...
22.14.1	Segmental	...
22.14.2	Hemimandibulectomy	...
22.15	Glossectomy	...
22.15.1	Partial	...
22.15.2	Hemiglossectomy	...
22.15.3	Total Glossectomy	...
22.15.4	The Commodo Operation	...
22.16	Parotidectomy	...
22.17.1	Superficial	...
22.17.2	Conservative	...
22.17.3	Radical Total	...
22.18	Repair of Parotid Duct	...
22.19	Removal of Submandibular Salivary gland	...
22.20	Excision/Enucleation of Dental Cysts	...
22.21	Thyroidectomy	...
22.21.1	Hemithyroidectomy	...
22.21.2	Partial Thyroidectomy	...
22.21.3	Subtotal Thyroidectomy (Toxic Goitre)	...
22.21.4	Total Thyroidectomy (Cancer)	..
22.21.5	Resection Enucleation of Adenoma	...
22.21.6	Isthmectomy	...
22.21.7	Total Thyroidectomy and Block Dissection	....
22.22	Excision of Lingual Thyroid	...
22.23	Excision of Thyroglossal Cyst/Fistula	...
22.24	Excision of Parathyroid Adenoma/Carcinoma	...
22.25	Laryngectomy	...
22.26	Laryngo Pharyngectomy	...
22.27	Cyst Excision	...
22.28	Sinus & Fistula repair	...
22.29	Lymph Node Excision	...
22.30	Sub-Mandibular gland excision	...
22.31	Hyoid Suspension	...
22.32	Genioplasty	...
22.33	Thyroidectomy	..
22.34	Direct Laryngoscopy	...
22.35	Phonosurgery	...
22.36	Fiberoptic Laryngoscopy	...
22.37	Microlaryngeal Surgery	...
22.38	Laryngofissure	...
22.39	Stenosis Excision	...

S. No.	Name of the Treatment Procedure/ Investigation	
22.40	HEAD AND NECK CANCER	
22.40.1	Excisional Biopsies	...
22.40.2	Benign Tumour Excisions	...
22.40.3	Temporal Bone resection	...
22.40.4	Mandibulectomy	...
22.40.5	Glossectomy	...
22.40.6	Commando Surgery	...
22.40.7	Radical Neck Dissection	...
22.40.8	Carotid Body Excision	...
22.40.9	Total Laryngectomy	...
22.40.10	Laryngopathryngectomy	...
22.40.11	Flap Reconstructive Surgery	...
22.40.12	Parapharyngeal Tumour Excision	...
22.40.13	Parotidectomy	...
23	BREAST	
23.1	Drainage of Abscess	...
23.2	Excision of Lumps	...
23.3	Local Mastectomy (Simple)	...
23.4	Radical Mastectomy (Formal or Modified)	...
23.5	Excision of Mammary Fistula	...
23.6	Segment Resection of Breast	...
24.	CARDIO RESPIRATORY PROCEDURES	
24.1.	Direct Laryngoscopy	...
24.2	Bronchoscopy	...
24.3	Scalene Node Biopsy	...
24.4	Mediastinoscopy	...
24.5	Aspiration of Pleural Cavity	...
24.6	Aspiration of Pericardial Cavity	...
24.7	Pleural Biopsy	...
24.8	Thoracoscopy	...
24.9	Tracheostomy	...
24.10	Thoracotomy (Penetrating Wounds)	...
24.11	Intercostal Drainage of empyeme	...
24.12	Rib Resection for empyeme	...
24.13	Decortication (Pleurectomy)	...
24.14	Thoracoplasty	...
24.15	Pneumonectomy	...
24.16	Lobectomy	...
24.17	Segmental Resection	...
24.18	Hydatid Cyst	...
24.19	Thymectomy	...
24.20	Mediastinoscopy of pericardial cavity	...
24.21	Pulmonary function test BMR	...
24.22	Spirometry	...
24.23	Spirometry with Helium Dilution	...

S. No.	Name of the Treatment Procedure/ Investigation	
24.24	Spirometry with a Helium Dilution with diffusion capacity studies	...
24.25	Pulmonary exercise testing	...
24.26	Decortication	...
24.27	Segmental resection	...
24.28	Mediastinal Tumour	...
24.29	Partial pericardectomy	...
24.30	Removal tumours of chest wall	...
24.31	Oesophago gactectomy for mid 1/3 lesions	...
24.32	Hiatus hernia repair	...
24.33	Heller's operation	...
24.34	ColonInter position or replacement of Oesophagus	...
24.35	Open Lung Biopsy	...
24.36	Anterior medicistonotomy	...
24.37	Oesophago gastrectomy for lower Corringers procedure	...
24.38	Medicistinoscopy(cervical)	...
24.39	Video-assisted thoracoscopy (VATS)	...
24.40	Video-assisted thoracoscopic lung Surgeries...	...
24.41	Lung volume reduction surgery	...
24.42	Aortogram	...
25.	ABDOMEN	
25.1	Gastroscopy	...
25.2	Gastric & Duodenal Biopsy (Endoscopic)	...
25.3	Pyloromyotomy	...
25.4	Gastrostomy	...
25.5	Simple Closure of Perforated peptic Ulcer	...
25.6	Vagotomy Pyloroplasty/Gastro Jejunostomy	...
25.7	Duodenojejunostomy	...
25.8	Partial/Subtotal Gastrectomy for Carcinoma	...
25.9	Partial/Subtotal Gastrectomy for Ulcer	...
25.10	Operation for Bleeding Peptic Ulcer	...
25.10.1	Gastrojejunostomy & Vagotomy	...
25.11	Operation for Gastrojejunal Ulcer	...
25.12	Total Gastrectomy for Cancer	...
25.13	Highly Selective Vagotomy	...
25.14	Selective Vagotomy & Drainage	...
25.15	Congenital Diaphragmatic Hernia	...
25.16	Hiatus Hernia Repair	
25.16.1	Abdominal	...
25.16.2	Transthoracic	...
25.17	Exploratory Laparotomy	...
25.18	Epigastric Hernia	...
25.19	Umbilical Hernia	...
25.20	Ventral and Scar Hernia	...
25.21	Inguinal Hernia	...

S. No.	Name of the Treatment Procedure/ Investigation	
25.21.1	Herniography	...
25.21.2	Hernioplasty	...
25.22	Femoral Hernia	...
25.23	Rare Hernias (Spigalion, Obturator, Lumbar, Sciatic)	...
25.24	Splenectomy	...
25.24.1	For Trauma	...
25.24.2	For Hypersplenism	...
25.25	Splenorenal Anastomosis	...
25.26	Portocaval Anastomosis	...
25.27	Direct Operation on Oesophagus for Portal Hypertension	...
25.28	Mesentericocaval Anastomosis	...
25.29	Warren Shunt	...
25.30	Pancreato Duodenectomy	...
25.31	By Pass Procedure for Inoperable Carcinoma of Pancreas	...
25.32	Cystojejunostomy or Cystogastrostomy	..
25.33	Cholecystectomy	...
25.34	Cholecystectomy & Exploration of CBD	...
25.35	Repair of CBD	...
25.36	Operation for Hydatid Cyst of Liver	..
25.37	Cholecystostomy	...
25.38	Hepatic Resections (Lobectomy Hepatectomy)	...
25.39	Operation on Adrenal Glands	...
25.39.1	Bilateral	...
25.39.2	Unilateral for Tumour	...
25.40	Appendicectomy	...
25.40.1	Acute	...
25.40.2	Chronic/Internal	...
25.40.3	Appendicular Abscess – Drainage	...
25.41	Subphrenic Abscess Drainage	...
25.42	Mesenteric Cyst-Excision	...
25.43	Peritonioscopy/Laparoscopy	...
25.44	Jejunostomy	...
25.45	Lieostomy	...
25.46	Congenital Atresia & Stenosis of Small Intestine	...
25.47	Muconium Lieus	...
25.48	Mai-rotation & Volvulus of the Midgut	...
25.49	Resection & Anastomosis of Small Intestine	...
25.50	Excision of Meckle's Deverticulum	...
25.51	Inruauaxwprion	...
25.52	Duodenal Diverticulum	..
25.53	Operation for Intestinal Obstruction	...
25.54	Operation for Intestinal perforation	...
25.55	Benign Tumours of Small Intestine	...

S. No.	Name of the Treatment Procedure/ Investigation	
25.56	Excision of Small Intestine Fistual	...
25.57	Operations for Haemorrhage of the Small Intestines	...
25.58	Operations of the Duplication of the Intestines	...
25.59	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for the Adhesions)	...
25.60	Lieosigmoidostomy	...
25.61	Lieotransverse Colostomy	...
25.62	Sigmoidoscopy	...
25.63	Caecostomy	...
25.64	Colostomy	----
25.64.1	Loop Colostomy Transverse Sigmoid	...
25.64.2	Terminal Colostomy	...
25.65	Closure of Colostomy	...
25.66	Right Hemi-Colectomy	...
25.67	Left Hemi-Colectomy	...
25.68	Total Colectomy	...
25.69	Operations for Volvulus of Large Bowel	...
25.70	Operations for Sigmoid Diverticulitis	...
25.71	Injection of Haemorrhoids	...
25.72	Fissure in Ano	...
25.72.1	Dilatation	...
25.72.2	Fissurectomy	...
25.73	Rectal Polyp-Excision	...
25.74	Operation of Haemorrhoids	...
25.74.1	Lords procedure	...
25.74.2	Ligature and Excision	..
25.74.3	Parkso Operation	...
25.75	Fistula in Ano	...
25.75.1	High Fistulectomy	...
25.75.2	Low Fistulectomy	...
25.76	Imperforat Anus	...
25.76.1	Colostomy	...
25.76.2	Cut Back	...
25.76.3	Pull Through Operation	...
25.77	Prolapse Rectum	...
25.77.1	Theirch Wiring	...
25.77.2	Reotopexy	...
25.77.3	Grahams Operation	...
25.78	Operations for Hirschsprungs Disease	...
25.79	Excision of Pilonidal Sinus	...
25.80	Abdomino-Perineal Excision of Rectum	...
25.81	Anterior Resection of rectum	...
25.82	Pull Through Abdominal Resection	...
25.83	Operations for Neuroblastoma	...
25.84	Coccygeal Teratoma Excision	...

S. No.	Name of the Treatment Procedure/ Investigation	
26.	GENITOURINARY	
26.1	Nephrectomy	...
26.2	Partial Nephrectomy	...
26.3	Nephrostomy	..
26.4	Nephrolithomy	....
26.5	Pyelolithotomy	...
26.6	Operations for Hydronephrosis	...
26.7	Open Drainage of Perinephric Abscess	...
26.8	Convemostomy	...
26.9	Operations for Cyst of the Kidney	...
26.10	Ureterolithotomy	...
26.11	Nephroureterectomy	...
26.12	Operations for Ureter for	...
26.12.1	Double Ureters	...
26.12.2	Ectopia of Single Ureter	...
26.13	Operations for Versicouretaric Reflux	...
26.14	ureterostomy	...
26.14.1	Cutaneous	...
26.14.2	Uretero Colic anastomosis	...
26.15	Formation of an lieal Conduit	...
26.16	Cystoscopy	...
26.17	Ureteric Catheterisation	...
26.18	Dormia Extraction of Calculus	...
26.19	Biopsy of Bladder (Cystoscopsis)	...
26.20	Cystolithotomy	...
26.21	Diathermy Destruction of Bladder Neoplasm	...
26.22	Litholapexy	...
26.23	Operations for Injuries of the Bladder	...
26.24	Suprapubic Drainage (Cystotstomy)	...
26.25	Partial Cystectomy	...
26.26	Total Cystectomy	...
26.27	Diverticulectomy	...
26.28	Open Resection of the Bladder Neck	...
26.29	Y-V Plasty of the Bladder Neck	...
26.30	Repair Urinary Vaginal Fistula	...
26.31	Cystoplasty	...
26.32	Operations for Extrophy of the Bladder	...
26.33	Repair of Ureterocele	...
26.34	Suprapubic Prostatectomy	...
26.35	Retropublic Prostatectomy	...
26.36	Transurethral Resection of Prostate	...
26.37	Urethroscopy	...
26.38	Operations for Injury to Urethra	...
26.39	Urethral Dilatation	...
26.40	Internal urethrotomy	...
26.41	Urethral Reconstruction	...
26.42	Operation for Congenital Valves of Urethra	..
26.43	Operations for Incontinence of Urine	...

S. No.	Name of the Treatment Procedure/ Investigation	
26.43.1	Male	...
26.43.2	Female	...
26.44	Reduction of Paraphimosis	...
26.45	Circumcision	...
26.46	Meatotomy	...
26.47	Meatoplasty	...
26.48	Operations for Hypospadias	...
26.48.1	Chordee Correction	...
26.48.2	Second Stage or One Stage Repair	...
26.49	Operations for Epispadias	...
26.50	Partial Amputation of the Penis	...
26.51	Total amputation of the Penis	...
26.52	Orchidectomy	...
26.53	Epididymectomy	...
26.54	Orchidopexy	...
26.55	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma	...
26.56	Operations for Hydrocele	----
26.56.1	Unilateral	...
26.56.2	Bilateral	...
26.57	Vasectomy (Should be free for Family Welfare)	...
26.58	Operation for Torsion of Testis	...
26.59	Vasovasostomy	...
26.60	Operations for Varicocele	..
26.61	Block Dissection of Inguinal Nodes	...
26.61.1	One Side	...
26.61.2	Both Sides	...
26.62	Excision of Filarial Scrotum	...
27.	OESOPHAGUS	
27.1	Oesophagoscopy	...
27.2	Atresia of Oesophagus and Tracheo Oesophageal Fistula	...
27.3	Operations for Replacement of Oesophagus by Colon	...
27.4	Transthoracic Repair or Hiatus Hernia	...
27.5	Abdominal Repair of Hiatus Hernia	...
27.6	Oesophagectomy for Carcinoma Esophagus ...	...
27.7	Oesophageal Intubation (Mausseau Barbin Tube)	...
27.8	Achalasia Cardia	...
27.8.1	Transthoracic	...
27.8.2	Abdominal	...
28.	PLASTIC SURGERY	
28.1	Primary Suture of Wound	...
28.2	Excision of Small-Scars, Moles, Small Cysts	...
28.3	Injection of Keloids	..
28.3.1	Ganglion	...

S. No.	Name of the Treatment Procedure/ Investigation	
28.3.2	Haemangioma	...
28.4	Excision of Multiple Moles	...
28.5	Excision of Multiple Warts	...
28.6	Free Grafts	...
28.6.1	Wolfe Grafts	...
28.6.2	Theirech-Small Area 5%	...
28.6.3	Large Area 10%	...
28.6.4	Very Large Area 20%	...
28.7	Skin Flaps	...
28.7.1	Rotation Flaps	...
28.7.2	Advancement Flaps	...
28.7.3	Direct-cross Leg Flaps-Cross Arm Flap	...
28.7.4	Cross Finger	...
28.7.5	Abdominal	...
28.7.6	Thoracic	...
28.7.7	Arm Etc.	...
28.8	Subcutaneous Pedicle Flaps	...
28.8.1	Raising	...
28.8.2	Delay	...
28.8.3	Transfer	...
28.9	Cartillate Grafting	...
28.10	Reduction of Facial Fractures of Nose	...
28.11	Reduction of Facial Fractures of Maxilla	...
28.12	Reduction of Fractures of Mandible & Maxilla	...
28.12.1	Eye Let Splinting	...
28.12.2	Cast Netal Splints	...
28.12.3	Gumming Splints	...
28.13	Internal Wire Fixation of Mandible & Maxilla	...
28.14	Cleft Lip	...
28.15	Cleft Palate Repair Severe Degree	...
28.16	Primary Bone Grafting of Cleft Lip Palate	...
28.17	Secondary Surgery for Cleft Lip Deformity	...
28.18	Secondary Surgery for Cleft Palate	...
28.19	Reconstruction of Eyelid Defects	...
28.19.1	Minor	...
28.19.2	Major	..
28.20	Plastic Surgery of Different Regions of the Ear....	...
28.20.1	Minor	...
28.20.2	Major	...
28.21	Plastic Surgery of the Nose	...
28.21.1	Minor	...
28.21.2	Major	...
28.22	Plastic Surgery for Facial Paralysis (Support with Reanimation)	...
28.23	Mamoplasty	...
28.24	Pendulous Breast	...
28.24.1	Underdeveloped Breast	....
28.24.2	After Mastectomy (Reconstruction)	...

S. No.	Name of the Treatment Procedure/ Investigation	
28.25	Syndactyly Repair	...
28.26	Dermabrasion Face	...
29.	CARDIAC SURGERY	
29.1	Patent Ductus Arteriosus	...
29.2	Mitral Valvotomy (Open)	...
30.	ORTHOPAEDIC SURGERY PROCEDURE	
30.1	Application of P.O.P Casts for Upper & Lower Limbs	...
30.2	Application of Functional Cast Brace	...
30.3	Application of Skin Traction	...
30.4	Application of Skeletal Traction	...
30.5	Bandage & Strappings for Fractures	...
30.6	Aspiration & Intra Articular Injections	...
30.7	Application of P.O.P Spices & Jackets	...
30.8	Close Reduction of Fractures of Limb & P.O.P	...
30.9	Reduction of Compound Fractures	...
30.10	Open Reduction & Internal Fixation of Fingurs & Toes	..
30.11	Open Reduction of Long Bones of Upper & Lower Limb	...
30.11.1	Nailing & External Fixation	...
30.11.2	A.O. Procedures	...
30.12	Tension Band Wirings	...
30.13	Bone Grafting	...
30.14	Excision of Bone Tumours	...
30.14.1	Superficial	...
30.14.2	Deep	...
30.15	Excision Ganglions	...
30.16	Excision or other Operations for Scaphoid Fractures	...
30.17	Sequestrectomy & Sancerizations	...
30.17.1	Superficial	...
30.17.2	Deep	...
30.17.3	Arthrotomy	...
30.18	S.P. Nailing for Fracture Neck Femur	...
30.19	Multiple Pinning Fracture Neck Femur	...
30.20	Nail Plate Fixations for Fracture Neck Femur	...
30.21	A.O. Compression Procedures for Fracture Neck Femure	...
30.22	Open Reduction of Fracture Neck Femur, Muscle Pedicle Graft and Internal Fixations	...
30.23	Close Reduction of Dislocations	...
30.24	Open Reduction of Dislocations	...
30.24.1	Superficial	...

S. No.	Name of the Treatment Procedure/ Investigation	
30.24.2	Deep	...
30.25	Open Reduction of Fracture Dislocation & Internal Fixation	...
30.26	Neurolysis/Nerve Suture	...
30.27	Nerve Repair with Grafting	...
30.28	Tendon with Transplant or Graft	...
30.29	Tendon Lengthening/Tendon Sutures	...
30.30	Tendon Transfer	...
30.31	Laminectomy, Excision Disc and Tumours	...
30.32	Spinal Ostectomy and Internal Fixations	...
30.33	Anterolateral Clearance for tuberculosis	...
30.34	Anterolateral Decompression and Spinal Fusion	...
30.35	Costo Transversectomy	...
30.36	Corrective Ostectomy & Internal Fixation	...
30.36.1	Minor	...
30.36.2	Major	...
30.37	Arthrodisis of	...
30.37.1	Minor Joints	...
30.37.2	Major Joints	...
30.38	Soft Tissue Operations for C.T.E.V.	...
30.39	Soft Tissue Operations for Poloi	...
30.40	Partial Hip Replacement	...
30.41	Total Joint Replacement	...
30.42	Operations for Brachial Plexus & Cervical Rib	...
30.43	Amputations	...
30.43.1	Below Knee	...
30.43.2	Below Elbow	...
30.43.3	Above Knee	...
30.43.4	Above Elbow	...
30.43.5	Forequarter	...
30.43.6	Hind Quarter and Hemipelvectomy	..
30.44	Disarticulations	...
30.44.1	Major	...
30.44.2	Minor	...
30.45	Arthrography & Osteomedullography	...
30.46	Arthroscopy	...
30.46.1	Diagnostic	...
30.46.2	Operative	...
30.47	Soft Tissue Operation on Knee	...
30.48	Myocutaneous and Fasciocutaneous Flat Procedures for Limbs	...
30.49	Removal of Nails, Wires & Screw	...
30.50	Removal of Plates	...

S. No.	Name of the Treatment Procedure/ Investigation	
31.	NEURO-SURGERY	
31.1	Craniotomy and Evacuation of Haematoma	...
31.1.1	Subdural	...
31.1.2	Extradural	...
31.2	Cranioplasty	...
31.3	Evacuation of Brain Abscess	...
31.4	Excision of Lobe (Frontal, Temporal, Cerebellum etc.)	...
31.5	Excision of Brain Tumours	...
31.5.1	Supratentorial	...
31.5.2	Subtentorial	...
31.6	Surgery of Cord Tumours	...
31.7	Meningomyelocele	...
31.8	Ventriculoatrial Shunt/Ventriculoperitoneal	...
31.9	Excision of Cervical Inter-Vertebral Discs	...
32.	VASCULAR SURGERY	
32.1	Arterial Embolectomy	...
32.2	Patch Graft Angioplasty	...
32.3	Femoropopliteal by pass procedure	...
32.4	Thrombendarterectomy	...
32.5	Surgery for Arterial Aneurysm	..
32.5.1	Distal Abdominal Aorta	...
32.5.2	Upper Abdominal Aorta	...
32.5.3	Splenic Artery	...
32.5.4	Renal Artery	...
32.5.5	Carotid	...
32.5.6	Vertebral	...
32.5.7	Main Arteries of the Limbs	...
32.6	Intrathoracic Aneurysm	...
32.6.1	Aneurysm not Requiring Bypass Techniques	..
32.6.2	Requiring Bypass Techniques	...
32.7	Dissecting Aneurysms	...
32.8	Operations for Acquired Arteriovenous Fistula	...
32.9	Congenital Arteriovenous Fistula	...
32.10	Operations for Stenosis of Renal Arteries	...
32.11	Injection of Varicose Veins	...
32.12	Trendelenburg Operation	...
32.13	Stripping of Short or Long Sphenous Veins	...
32.14	Ligation of Ankle Perforators	...
32.15	Excision and Skin Graft of Venous Ulcer	...
32.16	Venous Thromboectomy	...
32.17	Sympatectomy	...
32.17.1	Lumbar	...
32.17.2	Cervical	...
32.18	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	...

S. No.	Name of the Treatment Procedure/ Investigation	
33	PAEDIATRIC SURGERY	
33.1	Trachostomy	...
33.2	Excision of Branchial Cyst	...
33.3	Excision of Branchial Sinus	...
33.4	Excision of thyroglossal Duct/Cyst	...
33.5	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	...
33.6	Tracheo Oesophageal Fistula (Correction Surgery)	...
33.7	Colon Replacement of Oesophagus	...
33.8	Omphalo Mesenteric Cyst Excision	...
33.9	Omphalo Mesenteric Duct-Excision	...
33.10	Meckels Diverticulectomy	...
33.11	Omphalocele 1 st Stage (Hernia Repair)	...
33.12	Omphalocele 2 nd Stge (Hernia Repair)	...
33.13	Gastrochisis Repair	...
33.14	Inguinal Herniotomy	...
33.15	Congenital Hydrocele	...
33.16	Hydrocele of Cord	...
33.17	Umbilical Hernia Repair	...
33.18	Orchipexy	...
33.19	Torsion Testis Operation	...
33.20	Gastrostomy	...
33.21	Congenital Pyloric Stenosis-operation	...
33.22	Duodenal-Atresia Operation	...
33.23	Pancreatic Ring Operation	...
33.24	Meconium Ileus Operation	...
33.25	Malrotation of Intestines Operation	...
33.26	Rectal Biopsy (Megacolon)	...
33.27	Colostomy Transverse	...
33.28	Colostomy Left ILLAC	...
33.29	Abdominal Perineal Pull Through (Hirschsprung's Disease)	...
33.30	Imperforate Anus Low Anomaly	...
33.30.1	Cut Back Operation	...
33.30.2	Perineal Anoplasty	...
33.31	Inperforate Anus High Anomaly	...
33.31.1	Transverse Colostomy	...
33.31.2	Sacroabdomino Perineal Pull Through	...
33.31.3	Closure of Colostomy	...
33.32	Intrussusception Operation	...
33.33	Atresia of Extra Hepatic Biliary Duct	...
33.33.1	Choledochoduodenostomy	...
33.34	Operation of Choledochal Cyst	...
33.35	Nephrectomy for	...
33.35.1	Pyonephrosis	...
33.35.2	Hydronephrosis	...
33.35.3	Wilms Tumour	...

S. No.	Name of the Treatment Procedure/ Investigation	
33.35.4	Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour	...
33.36	Sacro-Coccygeal Teratoma Excision	...
33.37	Neuroblastoma	...
33.37.1	Debulking	...
33.37.2	Total Excision	...
33.38	Rhabdomyosarcoma wide Excision	...
34.	GYNAE, OPERATION CHARGES	
34.1	Abdominal Hysterectomy	...
34.2	Vaginal Hysterectomy	...
34.3	Myomectomy	...
34.4	Vaginoplasty	...
34.5	Laparotomy (Ectopic Pregnancy)	...
34.6	Vulvectomy (Simple/Radical)	...
34.7	VVF/RVF	...
34.8	Other Major Operations	...
34.9	Manchester Operations	...
34.10	Perineorrhaphy	...
34.11	Colporrhaphy	...
34.12	Ovariectomy	...
34.13	Modified Gilliam	...
34.14	Shirodkar's Operation	...
34.15	Diagnostic Curettage	...
34.16	Fractional Curettage	...
34.17	D & C and Cervical Biopsy	...
34.18	Polypectomy	...
34.19	Other-Minor Operation	...
34.20	Excision Vaginal Cyst/Burtholin Cyst	...
34.21	Excision Vaginal Septum	...
34.22	Laparoscopy	...
34.22.1	Diagnostic	...
34.22.2	Sterilisation	...
34.22.3	Operative	...
34.22.4	LAVH	...
34.22.5	Ovanan Cystectomy	...
34.22.6	Drilling of Overy	...
34.22.7	Myomectomy	...
34.22.8	Adhesiolysis	...
34.22.9	Ectopic pregnancy	...
34.23	HYSTEROSCOPY	
34.23.1	ICRE	...
34.23.2	Removal of IVCD	...
34.23.3	Removal of Seplum	...
34.23.4	Diagnostic	..
34.23.5	Werthimas Hystrectomy for Cancer cervix	...
34.23.6	Sterilisation Post Pertum	...
34.23.7	Intervaginal	...

S. No.	Name of the Treatment Procedure/ Investigation	
34.24	Abortion	...
34.25	D & C	...
34.26	Evacuation	...
34.27	MTP—1 st Trimester	...
34.28	MTP---2 nd Trimester	...
35	LAPROSCOPIC OPERATIONS IN GEN. SURG.	
35.1	Laprosopic Cholecystectomy	...
35.2	Laprosopic Appenjdectomy	...
35.3	Laaprosopic Hernia Repair	...
35.4	Laprosopic Hiatus Hernia Repair	...
35.5	Laprosopic Adhesiolysis	...
35.6	Laprosopic Adrenalectomy	....
35.7	Laprosopic Thyroidectomy	...
35.8	Laprosopic Splenectomy	...
35.9	Laprosopic Coliatomus	...
35.10	Laprosopic donor Nephroctomy	...
35.11	Infra red coagulation in Haemerooids	...
35.12	Laprosopic Pyelolithotomy	...
35.13	Laprosopic ureterolithotomy	...

SPECIALISED PROCEDURES/INVESTIGATIONS

Rates of Hospital/Diagnostic Centers Recognized under CGHS Delhi.

Item Code	Name of the Investigation/ Treatment Procedure		
1.	CAT SCAN		
1.1.1	a) Head	...	...
1.1.1	b) Head Scan Involv. Spl. Investigation	...	...
1.1.2	Chest (HRCT)	...	...
1.1.3	Spine (Cervical, Dorsal, Lumbar, Sacral)	...	...
1.1.4	Cervical C.T. 3D Reconstruction only	...	...
1.1.5.	C.T. Guided Biopsy	...	...
1.1.6	C.T. Guided percutaneous cath drainage	...	...
1.1.7	C.T. Myelogram (Cervical Spine)	..	...
1.1.8	C.T. Myelogram (Lumbar Spine or D/S)	..	...
1.1.9	C.T. Scan Brain	...	..
1.1.10	C.T. Scan Chest	..	...
1.1.11	C.T. Scan Upper Abdomen	...	...
1.1.12	C.T. Scan Lower Abdomen	...	...
1.1.13	C.T. Scan Whole Abdomen	...	...
1.1.14	C.T. Scan Neck (Thyroid Soft Tissue)	...	...
1.1.15	C.T. Scan Orbits with contract	...	...
1.1.16	C.T. Scan Orbits with contract	...	...
1.1.17	C.T. Scan Limbs	...	...
1.1.18	C.T. Scan Whole Body	...	...
1.1.19	C.T. Scan Thorax	...	...
1.1.20	C.T. Scan of Para Nasal Sinus	..	...
2.2.3	MRI Head	...	...
2.2.4	MRI Orbits	...	...
2.2.5	MRI Nasopharynx and PNS	...	...
2.2.6	MRI Neck	...	...
2.2.7	MRI Shoulder	...	...
2.2.8	MRI Shoulder both Joint	...	...
2.2.9	MRI Wrist Single Joint	...	...
2.2.10	MRI Wrist both Joint	...	...
2.2.11	MRI Knee Single Joint	...	...
2.2.12	MRI Knee both Joint	...	...
2.2.13	MRI Ankle Single	...	...
2.2.14	MRI Ankle Both	...	...
2.2.15	MRI Hip	...	...
2.2.16	MRI Pelvis	...	...
2.2.17	MRI Extremities	...	...
2.2.18	MRI Temporomandibular Single Joint	...	...
2.2.19	MRI Temporomandibular Double Joints	...	...
2.2.20	MRI Abdomen	...	...
2.2.21	MRI Breast	...	...
2.2.22	MRI Spine Screening	...	...
2.2.23	MRI Chest	...	...
2.2.24	MRI Cervical Spine	..	...
2.2.25	MRI Lumber Spine	...	...

Item Code	Name of the Investigation/ Treatment Procedure		
2.2.26	MRI Thorax	...	...
2.2.27	MRI Screening	...	...
2.2.28	MRI Angiography	...	...
2.2.29	Mammography (Single side – Both side)	...	
2.2.30	Bone Densitometry		
2.2.30.1	Single sites	...	
2.2.30.2	Two sites	...	
2.2.30.3	Three sites	...	
2.2.30.4	Whole body	...	
2.3.1	2D Echo with colour Doppler	...	
2.3.2	Trans Oesophaedral Echo (Tee)	...	
2.3.3	Treadmil Test (TMT)	...	
2.3.4	Holter Analysis	...	
2.3.5	Fluoroscopic Screening	...	
2.3.6	Holter Report (with Prd. Specification)	...	
2.3.7	Test of Pacemaker	...	
2.3.8	Oxygen Saturation	...	
2.3.9	PKG Charges for		
	Cardiovascular Investigation	...	
2.3.10	Cardiac Cath Angiography (W/o Coronary Angio)	...	
2.3.11	Aortogram	...	
2.3.12	Pulmonary function test	...	
2.3.12.1	Test for Pacemaker	...	
2.3.12.2	Oxygen Saturation	...	
2.3.12.3	Package charges for	...	
2.3.12.4	Cardiovascular investigation	...	
2.3.13	Fibroptic Bronchoscopy with Washing/Biopsy	...	
2.4.1	Uroflow Study (Micturomatry)	...	
2.4.2	Urodynamic Study (Cystometry)	...	
2.5	Cystoscopy with Retrograde Catheter	...	
2.5.1	Unilateral	...	
2.5.2	Bilateral	...	
2.5.3	Cystoscopy Diagnostic	...	
2.5.4	Cystoscopy with Bladder Biopsy	...	
2.6	Diagnostic Laproscopy	...	
2.7.1	T-3	...	
2.7.2	T-4	...	
2.7.3	TSH	...	
2.7.4	Cortisol	...	
2.7.5	Voiding-cysto-urethrogram	...	
2.7.6	Renal Transplant Evaluation	...	
2.7.7	Whole body scan	...	
2.7.8	Spect bone Scan	...	
2.7.9	Bone Marrow Scan	...	
2.7.10	Scan (Spect)	...	
2.7.11	Stress Thallium	...	

Item Code	Name of the Investigation/ Treatment Procedure	
2.7.12	Muga (Resting)	...
2.7.13	Muga (Stress)	...
3.	A.V. Fistula	..
3.1	Coronary Angiography	...
3.2	Coronary Bypass Surgery	...
3.3	Coronary Bypass Surgery-post Angioplasty	...
3.4	Coronary Baloon Angioplasty	...
3.5	Balloon Angioplastus with Valvotomy	...
3.6	Open Heart Procedures	...
3.7	Patent Ductus Arterious	...
3.8	Total Corrextion of Tetralogy of Fallot	...
3.9	RSUV Correction	...
3.10	TAPVC Correction	...
3.11	Open ASD VSD	...
3.12	Open Pulmonary Valvotomy	...
3.13	Open Aortic Valvotomy	...
3.14	Coarctation of Aorta	...
3.15	Balock Taussing Operation	...
3.16	Mitral Valvotomy	...
3.17	Open Mitral Valvotomy	...
3.18	Mitral Valve Replacement	...
3.19	Aortic ValveReplacement	...
3.20	Double Valve Replacement	...
3.21	Closed Valvotomy	...
3.22	Coarctation-Arota Repair of Block Taussing Shunt	...
3.23	B.T. Shunt	..
3.24	Pericardiostomy	...
3.25	Pericardiectomy	...
3.26	Pericardio Centrosis	...
3.27	Permanent Pacemaker Implantation	...
	+ Cost of Pacemaker	
3.28	Temporary Pacemaker Implantation	...
	+ Cost of Pacemaker	
3.29	Test of Pacemaker	...
3.30	Embolectomy	...
3.31	Aneurysm Resection & Grafting	..
3.32	Thoraco Centesisi	...
3.33	Thorachostomy	...
3.34	Exploratory Thorocotomy	...
3.35	Aorta-Femoral Bypass	...
3.36	Node Biopsy	...
3.37	Pleural Biopsy	...
3.38	Open Lung Biopsy	...
3.40	Removal of Foreign Body from Trachea or Oesophagus	...
3.41	RBI Resection & Drainage	...
3.42	Pulmonary function test (BMR)	...

Item Code	Name of the Investigation/ Treatment Procedure	
3.43	Mediastinal Tumour	...
3.44	Thymectomy	...
3.45	Partial Pericardectomy	...
3.46	Removal Tumours of Chest Wall	...
3.47	Oesophago Gactectomy for mid 1/3 lesion	...
3.48	Hiatus Hernia Repair	...
3.49	Heller's Operation	...
3.50	Colon-Inter position or Replacement of Oesophagus	...
3.51	Oesophago Gastrectomy – Lower Corringers procedure	...
4.1	Vascular Precedure – Major	...
4.2	Vascular Precedure – Minor	...
4.3	Arterial Embolectomy	...
4.4	Removal of Foreign body from	...
4.5	Trachea of Oesophagus	...
4.6	Patch Graft Angioplasty	...
4.7	Femoro-Popliteal bypass procedure	...
4.8	Thrombo-Endarterectomy	...
4.9	Surgery for Arterial Aneurysm	...
4.9.1	Distal Abdominal Aorta	...
4.9.2	Upper Abdominal Aorta	...
4.9.3	Spleen Artery	...
4.9.4	Renal Artery	...
4.9.5	Carotid	...
4.9.6	Vertebral	...
4.9.7	Main Arteries of the Limb	...
4.10	Intra-Thoracic Aneurysm	...
4.11	Aneurysm not requiring bypass techq.	...
4.12	Requiring bypass techniques	...
4.13	Dissecting Aneurysm	...
4.14	Operations for Acquired Arteriovenous Fistual	...
4.15	Congenital Arterio Venous Fistula	...
4.16	Operations for Stenosis of Renal Arteries	...
4.17	Injection of Varicose Veins	...
4.18	Trendelenburg Operations	...
4.19	Stripping of Short/long Sephaneous Veins	...
4.20	Excision & Skin Graft of Venous Ulcer	...
4.21	Venous Thrombectomy	...
4.22	Sympathetectomy	...
4.22.1	Lumbar	...
4.22.2	Cervical	...
5.2.1	Emergency Dialysis	...
5.2.2	Femoral Puncture	...
5.2.3	Subclavian Puncture	...
5.2.4	Peritoneal Dialysis	..

S. No.	Name of the Treatment Procedure/ Investigation	
5.2.5	Kidney Biopsy	...
5.2.6	Fistula/Shunt	..
5.2.7	Carotid	...
5.2.8	Dialysis Femoral Catheterisation Bilateral	...
5.2.9	Haemo Dialysis	...
5.2.10	Intra-Thoracic Aneurysm	...
5.2.11	Double Lumen Sub Clavian Catheter	..
5.2.12	Continuous Arterio Venus Dialysis (CAVD)	...
5.2.13	Subclavian Access	...
5.2.14	Femoral Access	...
5.2.15	Plasma Exchange	...
5.3.1	Donor Nephrectomy	...
5.3.2	Renal Transplantation	...
5.3.3	Perfusion	...
5.3.4	Ureteric Reimplant	...
5.3.5	Lymphocoel	...
5.3.6	Transplant Nephrectomy	...
5.3.7	Bilateral Nephroureterectomy (Native)	...
5.3.8	Vascular Prosthetic Graft	...
5.3.9	CAPD	...
6.1	PCNL	...
6.1.1	Unilateral	...
6.1.2	Bilateral	...
6.2	Meatotomy	...
6.3	Meatoplasty	...
6.4.1	Palomo's Unilateral	...
6.4.2	Palomo's Bilateral	...
6.5	Emdoscopic Teflon Inject	...
6.6	Testicular Biopsy	...
6.7	Gil-Verner's Extended Pyelolithotomy	...
6.8	Nephrectomy Complicated Tumour or Adhesions	...
6.9	Anderson Hynes Pyeloplasty	...
6.10	Unilateral Implantation	...
6.11	Vasico Vaginal Fistula	...
6.12	Urethroplastic one stage procedure	...
6.13	Radical Cystectomy	...
6.14	Epispadias/Extroply Repair	...
6.15	Caeco Cystoplasty	...
6.16	Pyelolithotomy	...
6.17	Nephrectomy Simple	...
6.18	Nephrostomy	...
6.19	Ureteric Reimplant	...
6.20	Partial Cystectomy	...
6.21.1	TURP & TUR Bladder Tumour	...
6.21.2	TURP Cystolitho Tripsy	...
6.22	Open Prostectomy	...

S. No.	Name of the Treatment Procedure/ Investigation	
6.23	Closure of Urethral Fistula	...
6.24.1	Orchidopexy Unilateral	...
6.24.2	Orchidopexy Bilateral	...
6.25	Cystolithotomy Suprapubic	...
6.26	Endoscopic Removal of Stone in Bladder	..
6.27	Resection Bladder Neck Endoscopic	...
6.28	Ureteroscopic Removal	...
6.29	Cystoscopic Basketing of urethra	...
6.30	Urethroplasty 1 st Stage	...
6.31	Optical Urethrotomy	...
6.32	Exploratory Scrototomy	...
6.33	Perineal Urethrostomy	...
6.34	Dilatation of Stricture Urethra under G.A.	...
6.35	Dilatation of Stricture Urethra without Anesthesia	...
7.1	Cholecystectomy Laparoscopic Surgery	...
7.2	Hernia Repair	...
7.3	Diagnostic Laproscopy	...
7.4	Thoracoscopic Decortication	...
7.5	Thoracoscopic Pneumonectomy	..
7.6	Thoracoscopic Lebectomy	..
7.7	Thoracoscopic Segmental Resection	..
7.8	Thoracoscopic Hydatid Cyst excision	...
7.9	Thoracoscopic Sympathectomy	...
7.10	Laprosopic Pyloromyotomy	..
7.11	Laprosopic Gastrostomy	...
7.12	Laprosopic Closure of Perforated peptic ulcer	...
7.13	Laprosopic Vagotomy Pyloroplasty/gastro jejunostomy	...
7.14	Laprosopic hiatus hernia repair	...
7.15	Laprosopic umbilical hernia repair	...
7.16	Laprosopic ventral hernia repair	...
7.17	Laprosopic hernia repair	...
7.18	Laprosopic splenectomy	..
7.19	Laprosopic cystogastrostomy	...
7.20	Laprosopic cholecystectomy	...
7.21	Lap. Cholecystectomy & CBD exploration	...
7.22	Lap. Hydatid of liver surgery	...
7.23	Lap. Hepatic resection	...
7.24	Lap. Adrenalectomy	...
7.25	Lap. Appendicectomy	..
7.26	Lap. Assisted small bowel resection	...
7.27	Lap. For intestinal obstruction	...
7.28	Lap. For intestinal perforation	...
7.29	Lap. Assisted Right Hemicolectomy	...
7.30	Lap. Assisted left Hemicolectomy	...
7.31	Lap. Assisted Total Colectomy	...

S. No.	Name of the Treatment Procedure/ Investigation	
7.32	Laposcopic Rectopexy	...
7.33	Lap. Asisted Abdominoperineal Resection of rectum	...
7.34	Lap. Assisted anterior resection	..
7.35	Retroperitoneoscopy Nephrectomy	...
7.36	Retroperitoneoscopy partial Nephrectomy	...
7.37	Retroperitoneoscopic nephrolithotomy	...
7.38	Retroperitoneoscopic pyelolithotomy	...
7.39	Retroperitoneoscopic operation for Hyderonenphyrosis	...
7.40	Retroperitoneoscopic surgery for Renal cyst	...
7.41	Retroperitoneoscopic ureterolithotomy	...
7.42	Retroperitoneoscopic Nephroureteroectomy	...
7.43	Laproscopy aassisted orchidopexy	...
7.44	Laprosopic operation for varicocele	...
8.	Liver Transplantation Receipient	...
8.1	Liver Transplantation Donor	...
9.	IOL Implementation	...
10.	Total Hip Replacement	...
10.1	Total Ankle Joint Replacement	...
10.2	Total Knee Joint Replacement	...
10.3	Total Shoulder Joint Replacement	..
10.4	Total Elbow Joint Replacement	...
10.5	Total Wrist Joint Replacement	...
10.1	Orchidopexy Unilateral	...
10.2	Ventriculoatrial Shunt/Ventriculo Peritoneal	...
10.3	Excision of Cervical Intervertebral Discs	...
10.4	Twist Drill Craniostomy	...
10.5	Subdural Tapping	...
10.6	Ventricular Tapping	...
10.7	Abscess Tapping	..
10.8	Placement of ICP Monitor	..
10.9	Urokinase Therepy for ICH	...
10.10	Skull Traction Application	...
10.11	Lumber Pressure Monitoring	...
10.12	Vascular Malformations	...
10.13	Peritoneal Shunt	...
10.14	Atrial Shunt	...
10.15	Meningo Encephalocoel	...
10.16	Meningomyelocoel	...
10.17	C.S.F. Rhinorrhaea	...
10.18	Cranioplasty	...
10.19	Posterior Cervical Dissectomy	...
10.20	Anterior Cervical Dissectomy	...
10.21	Brachial Plexus Exploration Microsuturing	...
10.22	Median Nerve Decompression	...

S. No.	Name of the Treatment Procedure/ Investigation	
10.23	Periphrale Neurectomy (Tirgeminal)	...
10.33	Cranieotomy	...
10.34	Trigeminal Rhiotomy	...
10.35	Cranial Nerve Anastomosis	...
10.36	Meningocoele Excision	...
10.37	Peripheral Nerve Surgery – Major	...
10.38	Minor	...
10.39	Ventriculo-Atrial Shunt (Exclud. Cost of valve)	...
10.40	Nerve Biopsy or Brain Biopsy	...
10.41	Anterior Cervical Spine Surgery with fusion	...
10.42	Anterior Lateral Decompression	..
10.43	Brain Mapping	..
10.44	Cervical or Dorsal Laminectomy	..
10.45	Combined Trans-oral Surgery & CV Junction Fusion	...
10.46	C.V. Junction Fusion	...
10.47	Depressed Fracture	..
10.48	Dissectomy	..
10.49	Endarterectomy	...
10.50	Endoscopic Surgery	...
10.51	R.F. Lesion for Trigeminal Neuralgia	...
10.52	Shunt Procedures (VA/VP/TP/Shunt)	...
10.53	Skull Base Surgery	...
10.54	Spasticity Surgery	...
10.55	Spinal Fusion Procedure	...
10.56	Spinal Intra Medullary Tumors	...
10.57	Spinal Bifida Surgery Major	...
10.58	Spinal Bifida Surgery Minor	...
10.59	Stereotaxic Procedures	...
10.60	Trans Sphenoidal Surgery	...
10.61	Trans Oral Surgery	...
10.62	Trans Cranial Doppler	...
11.1	Radiation Source Charges per Fraction	...
11.2	Consul. Fee per Fraction Phys. Chrg. & Oth. Chrgs.	...
11.3	Renal Transplant (including donor work)	...
11.4	Lithotripsy	...
12.	COBALT 60 THERAPY	
12.1	Radical Treatment	... (all inclusive)
12.2	Palliative Treatment	... (all inclusive)
12.3	Adjustment Therapy	... (all inclusive)
13.	LINER ACCELERATORS	
13.1	Radical Radiotherapy Liner	... (all inclusive)
13.2	Palliative Radiotherapy Liner	... (all inclusive)

S. No.	Name of the Treatment Procedure/ Investigation	
14.	BRACHY THERAPY	
14.1	Intracavitary	... Per Session (98% Pts. Required single session)
14.2	Interstitial (Implant)	
	i) Head & Neck	... (all inclusive)
	ii) Breast	... (all inclusive)
	iii) Soft Tissue Sarcoma	... (all inclusive)
15.	CHEMOTHERAPY CHARGES	
15.1	Single Drug Therapy per day	...
15.2	Multiple Drug Therapy per day	...
15.3	Infusion Chemotherapy	...

Note: For Chemotherapy, the charges mentioned above are procedural charges. The cost of medicine and room rent charges (admission cases) will be extra.

Lithotripsy: -

- 1) These rates include all consecutive sittings if required.
- 2) No extra charge for auxiliary method like Stenting, PCNL, PCN, EHL, RGP, RGC, URS.
- 3) Cost of J.J. Stent, if required will be extra.
- 4) Cost of room rent, if required will be extra.
- 5) Cost of drug used included in the package.